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ABSTRACT

This monograph presents 12 reports of successful programs serving children with special needs in various nations. The program locations and the program report titles and authors are as follows: (1) Austria: "Integration Models for Elementary and Secondary Schools in Austria" (Volker Rutte); (2) China: "Integrated Education Project, Anhui Province" (Janet C. Holdsworth); (3) Ghana: "The Community-Based Rehabilitation Programme in Ghana" (Lawrence Ofori-Addo); (4) Guyana: "Involvement of Volunteers, Parents and Community Members with Children with Special Needs" (Brian O'Toole); (5) India: "Teacher Development Initiative To Meet Special Needs in the Classroom" (N. K. Jangira and Anupam Ahuja); (6) Jamaica: "Early Intervention and Education Initiatives in Rural Areas" (M. J. Thorburn); (7) Jordan: "The Role of Institutions in Community-based Rehabilitation and in Community-based Special Education" (Andrew L. de Carpentier); (8) Jordan: "The Resource Room at the Amman National School" (Hala T. Ibrahim); (9) Netherlands: "Individual Integration of Children with Down's Syndrome in Ordinary Schools" (Trijntje de Wit-Gosker); (10) Norway: "In Harmony We Learn" (Marna Moe); (11) International: "INITIATIVES for Deaf Education in the Third World" (Andrew L. de Carpentier); and (12) Sri Lanka: "The Integrated Education of Visually Impaired Children in Sri Lanka" (B. L. Rajapakse). (DB)

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Making it happen

Making it happen

Examples of good practice in SPECIAL NEEDS EDUCATION & COMMUNITY-BASED PROGRAMMES

United Nations Educational, Scientific and Cultural Organization

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Preface

In line with its work to promote new strategies to reach children and young people with special educational needs within regular education and community-based programmes, UNESCO invited a number of practitioners to share successful experiences, projects, etc. in this domain.

The compiled stories reflect initiatives of different groups of practitioners – teachers, parents, specialists and community people with a clear commitment to making a difference in the education of children and young people with special needs – people who are determined to make things happen.

UNESCO's programme on Special Needs Education has put together these stories, hoping that they will be a source of inspiration, and a channel for exchange and networking with all those who want to promote education for all including special educational needs.

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Integration models for elementary and secondary schools in Austria

by VOLKER RUTTE

Introduction

This paper charts the success of a parent-and teacher-led movement in Austria which campaigned for the integration of children with special educational needs. It has taken just ten years to achieve its aims and for the first time, parents of children with special educational needs are able to make real choices about the education their children receive. In 1993, the Austrian government passed a law enabling the parents of children with special educational needs to choose whether their child is educated in a special or a mainstream elementary school. Further legislation extending the principle to the secondary sector is to follow.

BACKGROUND

1. Historical and political context

There is a good, established system of special education provision in Austria which has become increasingly specialised since 1945. There are specialist schools for children with learning difficulties, for children who are blind and visually impaired, deaf and hearing impaired, physically disabled, or behaviourally and emotionally disturbed, and for children with complex disabilities. However, by the early nineteen eighties, an increasing number of parents were refusing to enrol their children at special schools. They wanted their children to be educated in mainstream schools and felt that this choice was their democratic right. At about this time, educational researchers and some of those working in special education were questioning the benefits of a segregated 'special' education for children with special educational needs. Special school rolls were also falling. The number of elementary school-age children in Austria had decreased, and to avoid closure, many elementary schools were not transferring pupils they identified as having special educational needs. This, then, was an opportune time for exploring the possible benefits of integration.

The arguments for integration were primarily:

i) that special education teachers and their pupils felt that they had been hidden away in their special schools and that they were being excluded. Even the best-equipped and well-appointed schools cannot replace a 'normal' environment. Special schools felt like ghettos for teachers, pupils and parents.

ii) that parents and disabled adults complained about the relationship between disabled and non-disabled people, which was characterised by fear, insecurity and ignorance. If children with special needs were educated alongside other children, learning and playing together, many of these negative feelings could be overcome.

iii) the educational principles and goals of a school providing an integrated environment would be attractive to **all** parents. The development of qualities like consideration, collaboration, and helpfulness is often not a priority in mainstream schools and a policy of integration could help improve this.

2. History of the project

During 1983, several groups of teachers, parents, students and counsellors began to meet to discuss and lobby for the integration of children with special educational needs into mainstream education. They were acting independently of each other and were mostly unaware of each other's activities. The groups campaigned on the basis of civil rights and there was a group in most provinces. Questions about integration were discussed in countless meetings and workshops, the focus usually being on the **social** integration of children with special needs. Specific proposals arose from these discussions, taking the form of potential models for integration, and these were submitted to the Board of Education and the Ministry.

The education authorities were hesitant. It was unusual to receive proposals from community-based groups and there were many special schools which were opposed to educating children with special educational needs outside the special school sector. Finally, however, the Ministry decided to set up a working group which included representatives from all the interest groups, and a pilot scheme to test four models for integration was agreed, and funding was provided by the ministry. It is this pilot scheme which forms the basis of this paper.

THE PILOT SCHEME

1. The models

Four models were tested in the pilot scheme.

i) Integrated classes

An integrated class has about 20 children and includes four children with special educational needs. The class has two teachers, one is an elementary school teacher and the other a special school teacher. Teaching is based on the principles of individualisation, cooperation and active learning and should offer as many opportunities as possible for supportive interaction between children with special needs and the rest of the class. Social learning must be actively encouraged. The children with special educational needs work to individual learning programmes.

ii) Cooperative classes

In this model, a special school class and mainstream class cooperate while following their own curricula. The special needs class continues to be part of the special school and the level of cooperation is agreed by the two teachers involved. The children are usually segregated for the teaching of academic subjects, but this does not prevent social integration taking place. The education authorities tend to favour cooperative classes over integrated classes because this approach does not require any changes to the Austrian school system.

iii) Small classes

This model involves running a special class within a mainstream school, with between six and eleven students. The classes were designed for students with learning difficulties who were allowed six years, rather than four, to achieve the 'right' level of attainment. The 'small classes' are not a good model for social integration as they are segregated within the mainstream school. The classes were really a suggestion from the special education administration and were remodelled after a few years to become either integrated or cooperative classes.

iv) Supporting teachers

For financial reasons, a minimum of four children with special educational needs is required before a class in a mainstream school qualifies as an integrated class, entitled to an extra, full-time specialist teacher. For the classes with fewer than four children with special needs, support teachers are available, offering four to six hours support a week for each child who needs it. In small, rural schools, the support teacher system provides the only feasible means of integrating children with special educational needs. The level of support available is minimal: for most of the time the elementary school teacher has no support and in these circumstances, the support teacher can spend most of his/her time 'repairing' a situation rather than on development activity.

In 1991, an evaluation of all four models was produced by the Austrian Centre for Educational Experiment and School Development. The evaluation concluded that the integrated class model was the most effective, followed by the support teacher model. The least successful approach to integration was that of the cooperative class.The pilot scheme was limited to working with a maximum of 20% of elementary school classes. By 1992/3, there were:

- 290 integrated classes
- 24 cooperative classes
- 31 small classes
- 3200 children being taught by a support teacher.

2. Partners

One of the strengths of the pilot integration scheme has been the involvement of all the interest groups, but this has inevitably caused problems. The parents, teachers, students and counsellors involved have differing perspectives and needs. The parents are usually keen to cooperate but need help in making the 'right' choices. Teachers need information about special educational needs and often require training too. The counsellors need to adopt new approaches which go further than arguing the viability of social integration, which is a basic human right. The counsellors should be **assisting** the classes, working with teachers to determine the conditions favourable and unfavourable to social integration. The counsellors' role should also be to document integration which will help others in similar situations to develop new approaches. Finally, the people the children meet on trips and visits contribute to the extended integration of children with special needs. The shopkeepers, businesspeople and factory staff who meet these children all learn that they are, simply, children: this is when the process of integration into *society* can be said truly to have begun.

THE PROJECT IN PRACTICE

1. Philosophy

Social integration in schools means creating an environment where children with special educational needs can work, play and live with children who do not have special educational needs. Every child has an individual learning programme which ensures that she develops to his or her full potential, regardless of ability. This approach is only possible with extra resources, including more teachers, smaller student groups and individualised instruction.

No type of special educational need is excluded. Children are assessed on an individual basis to identify the resources required to meet their needs. If no suitable place can be found, then by working towards maximum integration with the minimum level of segregation, the authorities will endeavour to meet the child's needs as best it can.

Parental involvement is essential and a child will not be considered for integration until the parents register at the local elementary school. All children, regardless of their special educational need(s) are eligible for admission to elementary school. If there is not a school nearby with an integrated class, then the child will either work with a support teacher or travel to an integrated class.

2. Teacher training

The success of an integration project depends primarily on the commitment and skill of the teachers. Some teachers do not wish to teach children with special educational needs and this should be respected. However, as the integration of children with special educational needs increases, so training will be necessary to equip teachers with the necessary skills and understanding to teach their integrated students.

In-service training is currently provided by two teachers' academies which run a two-year course covering a wide range of topics including:

- concepts of special educational needs (handicap) and normality
- simulation of disabilities
- mainstreaming
- handicap and society throughout history
- special schools, special education and therapy
- integration and its effectiveness
- integration in other countries
- resourcing
- parental involvement
- teaching styles
- social learning
- individual learning programmes.

One-year teachers' courses are run at local centres in rural areas. These follow a similar curriculum. A week-long introductory seminar is held during the last week of the summer vacation. This seminar was the first course run by the project as a means of reaching teachers quickly with information and help in undertaking integrated work. Attendance at the seminar is voluntary and does not mean an automatic increase in salary for the teachers.

There is a demand for publications about integrated schooling which focus on the practical aspects of developing teaching programmes and models of good practice.

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3. A team approach

The composition of an integrated class is usually agreed by a team of people, including the kindergarten teacher who has been teaching the child or children under discussion, the receiving school teacher(s), the school principal, the parents and where necessary, the school psychologist, a doctor, social worker, representative of the parents of children who do not have special educational needs, a community representative (if building adaptations are required) and so on. Parents do not have a vote, but do have a voice and are asked to give their views. This often requires counselling the parents to inform them about their rights and choices. Hitherto, this team approach has been successful and no parents have objected to the decisions taken about their child's education.

Once a child has been accepted into an integrated class in the mainstream school, it is not just the two class teachers who are involved, but all the staff, including the janitor and the cleaners. Teachers from other classes observe work in the integrated class and occasionally cover for either of the two teachers in their absence. Sometimes a school will expand its integration programme and increasing numbers of teachers are involved as more integrated classes are established. It is the principal's responsibility to ensure that each integrated class is integrated within the school.

The parents of children who do not have special educational needs are usually in favour of integrated classes. They appreciate the benefits to their children of smaller classes, special education teaching methods, and the focus on personal and social education. There are cases where these parents have objected to integrated classes but this tends to be where they have been ill-or mis-informed.

4. The integrated class in action

In the pilot project, the number of pupils in an integrated class is smaller than a normal class, being reduced from 30 to 20. Up to 20% of the class will have special educational needs ie. a maximum of four pupils. The class has two teachers, one trained to work in mainstream schools, the other to work in special education. Sometimes a consultant teacher is needed when the class has a student who has special educational needs with which the teacher is not familiar. This is most often the case for visually – or hearing – impaired pupils.

The classroom itself must be large enough to accommodate small group instruction. Books, toys, craft/art and science materials, should all be easily accessible to every child. An extra room can be helpful. If the school has blind and/or physically disabled pupils, the building may need to be adapted.

In addition to the elementary school curriculum, Austria has national curricula for children with mild or moderate learning difficulties. These set levels for teaching and attainment. Each child has an individual learning programme to which parents can make an input. Despite the individualised nature of the learning, careful attention is paid to shared activity, projects, group work and whole-class teaching. Assessment of performance is through a system of marking from one to five. In most integrated classes, the children are given verbal evaluations in addition to their marks. These and general comments are given in a school report. Decisions are made jointly at the annual parent-teacher conference.

A detailed breakdown of an average day in a fourth grade integrated class appears in Appendix.

THE PILOT SCHEME IN SECONDARY SCHOOLS

1. Background

In Austria, after four years at elementary school, at the age of 10, children transfer to either a gymnasium, a high school or a special school. Generally, the secondary schools are hesitant about the idea of integrated education and reluctant to continue the work of the elementary schools in this area.

The **high school** streams its pupils according to ability, with a first, second or third stream. This makes social integration more difficult. However, in some areas, the high schools are suffering from falling rolls and they are looking for ways in which to increase pupil enrolment.

The **gymnasium** is selective and competition to gain entry is fierce as these schools prepare students for university entrance. In theory, it is possible to establish integrated classes in gymnasiums but in practice it has happened only rarely and the issue is a politically sensitive one.

2. How it works in practice

The models used at secondary level are similar to those in the elementary schools. The number of students per class, individual learning programmes, whole-class activities and group and project work, parental involvement and evaluation are all features.

A pilot project in a secondary school provides for three teachers in subjects like mathematics, English and German, and one of these teachers is always a special school teacher. In most of the other subjects, two teachers work together. This 'team' comprises either a high school teacher with a special school teacher, or two high school teachers. Some models group subjects into 'scientific', 'social-scientific' or 'artistic'. This provides more opportunities for active learning and can more easily motivate students than traditional, single-subject based teaching. If the administration insists upon all subjects being taught by qualified subject specialists, then the staff team can become too big, causing coordination, and internal communication difficulties, and it can undermine the individual nature of teacher-student relationships. Some schools have therefore reduced their teams to about six high school teachers, plus a special school teacher, all teaching a variety of subjects.

There are particular problems with integrated classes in secondary schools, not least the fact that the schools are subject – and not child – oriented. More traditional teaching styles prevail, with a reliance on textbooks and verbal instruction. The assessment and evaluation procedures are also problematic, as the traditional methods do not always enable the child with special educational needs to demonstrate his or her achievement.

Assessment at secondary level involves more tests and examinations than in elementary schools, and secondary schools are bound by more regulations. Assessment arrangements for integrated classes are usually a compromise, with basic written tests for all students and some students taking additional papers to enable them to demonstrate their capabilities to the full.

LESSONS LEARNT

1. Problems

A number of problems with integration were highlighted by the evaluation of the scheme from the Centre for Educational Experiment and School Development.

i) Teamwork and team-teaching is central to the integrated class model. A willingness on the part of the teachers to work in partnership is essential. Sometimes, personality differences and/or different professional views can threaten a team and it is important for teachers to meet regularly to discuss approaches, workload etc. However, sometimes counselling is required to resolve specific issues or personality clashes. It is vital not to ignore or postpone confronting such difficulties. They do not solve themselves.

ii) Cooperating with and involving parents is an important part of the teachers' work. Many teachers of integrated classes meet the parents every month or so. The parents identify strongly with 'their class', often because they fought hard for it to be established, and they want to be involved in discussing their children's learning.

iii) Differentiation and active learning are necessary components of integrated learning. This presents a challenge to teachers who may be used to more traditional teaching styles. Social integration in school can fail because the teaching styles are inappropriate.

iv) Assessment of performance, as explained earlier, is norm-referenced with children being marked from 1-5. This leads to ranking within and between classes, with the emphasis on meeting normal 'standards' rather than on a true assessment of a child's performance. Despite evidence showing that these marks are neither reliable, valid, or objective, this form of school report has a sound tradition among parents and is supported by many teachers. This type of assessment does not benefit students and debate will continue among both parents and professionals about its efficacy and desirability.

2. Mistakes

i) Sometimes the integrated class can become overloaded with too diverse a range of special educational needs. Some school principals believe that because these classes are smaller and have two teachers, they can assimilate children with vastly differing needs. The additional resources provided for the pilot project were geared towards a narrower definition of special need.

ii) The cooperative class model failed. It was unpopular with the teachers and made it easier to maintain segregation and separation while ostensibly educating children in an integrated study.

3. Positive outcomes

Initial data on social integration in Austrian schools shows that children with special educational needs do not learn less in integrated classes. Often, the achievements of all the children are superior, quite probably owing to the individualised and more open instruction. The children with special educational needs are well-integrated and the parents are apparently pleased with the integrated approach. An increasing number of parents want their children to attend integrated classes. Most teachers, despite an increased workload, with no extra pay, enjoy teaching integrated classes and describe this new approach as a positive change. The majority of teachers accept the challenge and are prepared to develop new approaches to their teaching. As a result, the social integration of children with special educational needs might not only improve teaching and learning in mainstream schools, but also contribute to an improvement in teacher training.

4. Advice to others

Teacher training is a vital element of the integration approach, as is the availability of counselling guidance.

Once there is a legal framework for the integration of children with special educational needs into mainstream schools, information and public relations are important. Those who reject integration often do so because they lack information. Integration is not just a question of where children are taught, and the resources needed, it is about personal development and acknowledging the desire in many people to avoid and banish all that is foreign, unknown and ailing.

It is neither wise nor just to paint too optimistic a picture of integration. There were difficulties during the pilot scheme, but these were mostly overcome. The most heartening aspect of the work was the enthusiasm and ability of the parents and teachers who took part. A spirit developed over the years, a feeling that a new type of school was being created, that we were taking part in the first genuine process of educational reform.

APPENDIX

1st lesson: Free working period

Children may select their work within three fields:

a) Games
- Bingo, Think, Memory, Chess, Dominoes, Look exactly, etc.
- Construction of a freeway bridge
- Roleplay

b) Mathematics
- Multiplication tables, Bingo, written multiplication with 2-digit multipliers in combination with solution manual, Dominoes

c) Language
- Crossword puzzle, spelling ß–s, puppet theatre, roleplay "Post–office"

2nd lesson: German

a) 'Non-handicapped' children:Repetition of word classes (Noun, verb, adjective) and their definitions. Finding nouns, verbs and adjectives with the topic "Forest and wood".

b) Children with moderate learning difficulties: Reading of new words: names of trees. Attributing nouns to the categories 'deciduous' and 'coniferous'. Writing variations of sentence patterns.

c) Children with severe learning difficulties: Reading of known word cards. New word: where. Writing variations of sentence patterns ie. "Where is Peter?". Perceptual training: labyrinth.

3rd lesson: Science

After excursion to a saw mill:

a) 'Non-handicapped' children:Lumber industry in the province of Styria. Using a map and a sketch.

b) Children with moderate and severe learning difficulties:Discussion on experiences and things at the saw mill and about a picture "From the tree to the table".

4th lesson: Mathematics

a) 'Non-handicapped' children:Calculations with wood transportation. Concepts: dead weight, payload, total weight, freightcharge, calculation.

b) Children with moderate learning difficulties: Written multiplication with one-digit multipliers. Handouts.

c) Children with severe learning difficulties: Recognising and presenting sets up to 5. Corresponding numbers.

5th lesson: Arts

a) 'Non-handicapped' children:"It's snowing on the roofs of the town" (Collage with cotton wool)

b) Children with moderate and severe learning difficulties:"It's snowing on all the houses" (Watercolours)

Integrated Education Project, Anhui Province.

by JANET C. HOLDSWORTH

Integrated Education Adviser, Anhui Integrated Education Project

Introduction

This is a report on the Anhui Province Integrated Education Project in Anhui Province, People's Republic of China. This project involves the integration of children with mild learning difficulties into the mainstream kindergartens. The aim is that the children will go on to mainstream primary school at the normal school admission age of seven.

BACKGROUND

1. Anhui Province

Anhui Province is a medium-sized province in central China. It is a relatively underdeveloped area and is considered to be one of the poorer provinces. Industry is concentrated in a few large cities, the majority of the population being employed on the land. Land productivity in the more remote hilly areas is poor and regular flooding is a problem. The last floods in 1991 caused considerable damage to farmland and the rural infrastructure.

Anhui has a population in excess of 50 million and over 30,000 primary schools serve six million children. It is estimated that approximately 98% of primary-aged children are attending school.

Of the estimated 134,000 children (aged 3-15) needing special education, it is thought that 128,500 have learning difficulties. At present, there are 25 special schools (of all types) and 27 special classes in the province.

2. Reform in Education policy

The passing of The Law on Compulsory Education in 1986 and The Law on the Protection on the Rights of the Disabled in 1991 has required and empowered provinces to begin the process of giving everyone access to education. Both these laws specifically include the right to education for children with disabilities. In the former, disabled children are named as being required by law to attend schools; the latter ensures the right to education for these children. Furthermore, the will and determination of the Government is providing a favourable and supportive atmosphere in which to develop special education. This is extremely important, as traditional attitudes towards disability can be hostile.

The current Five-Year National Plan (1991-95), which is the eighth such plan, stipulates that between 60 and 80 per cent of disabled children requiring special education in urban and fairly developed areas, and 30% in less developed areas, should be receiving primary education by 1995. An increase in special schools and vocational centres, special classes and integrated schemes will all contribute to the attainment of this target.

The target in Anhui is that by 1995 an average of 30% of disabled children across the province should be receiving special education. This will be made up of an average of 80% in cities, (60% in 'counties') and 20-25% in rural areas.

3. Integrated Education in Anhui Province

It is against this background that the Integrated Education Project began in 1988, with the coming together of the Elementary Division of Anhui Provincial Education Commission (APEC) and Save the Children Fund UK (SCF). Both parties were interested in the feasibility of a pilot project in one of the kindergartens in the province and they decided to collaborate on a pilot project at a kindergarten in Gantang, a small rural town in the south of the province. Since 1988, the kindergarten has been admitting two or three children with learning difficulties a year. The nearby primary school is now successfully integrating children with learning difficulties, in grades one, two and three. All these children will have attended kindergarten before entering the primary school. In 1991, a second kindergarten joined the pilot project. The kindergarten is in the large steel town of Maanshan and thus provides a model of an urban setting.

All organisational aspects of the project have been undertaken by APEC in collaboration with officials from the local education commissions at Gantang and Maanshan. SCF has supported the projects by providing the schools with resources, funding training workshops and seminars, and supporting study trips to Hong Kong. For example, in 1990, a seminar was held for teachers, administrators and parents from the pilot kindergartens with invited speakers from the U.K..

4. Present situation

The success of the first two pilot projects has led to the decision to expand the initiative. The aim is that a further 10 kindergartens will admit children with disabilities from September 1993. These kindergartens are spread across the province and are intended to provide a model for other kindergartens in their local area. There are plans for another group of kindergartens to join the project next year.

The planned expansion requires the project team to site all training and support within the province. Hitherto, training took place in Hong Kong, but this would now be too expensive, slow and inefficient a means of providing the training, given the projected number of participant teachers. SCF is therefore supporting a foreign teacher with special education and teacher-training experience to work with the APEC team to develop training and support programmes which will be delivered locally (see under Training).

PROJECT DESIGN

1. Planning for success

There are certain aspects of the project design which have helped to ensure the success of the pilot projects. The project starts from the premise that success of the project as a whole will depend on ensuring success for the child. Thus, the needs of the disabled child entering the project, and the needs of the other children in the class, have been at the forefront of the planning process. The team has been fully prepared to accept that the introduction of integration therefore cannot be rushed. The process of change in schools will follow the child as she progresses through the educational system.

The following aspects of the project are considered to have been of prime importance at the pilot project stage and form the basis of the current expansion programme.

2. Early intervention

Legislation and planning at national level are naturally concerned with compulsory schooling and only encourage, rather than demand, pre-school provision. There are, however, many problems associated with beginning integration work so late, when the children are already aged seven.In a developed country, it would not be considered good practice to expect disabled children to start school at seven without any previous educational experience. This is because the gap between the disabled and non-disabled children would already have become considerably wider by this age. Furthermore, the issue of prejudice from non-disabled children would have to be considered, whereas this is not an issue when children are aged only three or four. Difficult patterns of family response, such as over-protection or rejection, may also be less easy to overcome if not tackled until a child is seven.

The prospects for successful integration at primary level are much better if disabled children have access to pre-school education, and can progress through school with their peer group. It is also helpful if a child's relationship with his or her family can be enhanced and strengthened to the benefit of the child: again, this is easier to achieve in the early years.

3. Working with families

This project recognises the importance of the family. The teachers involved aim to rebuild family confidence and hope, and to involve families in the work of the school. The effect of the family on the all-round development of the child is fully recognised and one of the goals of the project is to promote partnership between teachers and families. This helps to ensure that the demands on the child are consistent and that the skills s/he learns are transferable and of use in both school and the home.

In the absence of diagnostic tests which are appropriate culturally, the observation skills of both teachers and parents are vital if appropriate goals are to be set for the child and individual learning programmes designed.

Family contact is maintained through home visits by teachers and school visits by families. Families are encouraged to become fully involved with their child's individual learning programme, to meet with other families and to take part in seminars and meetings as full members of the project.

4. The needs of the non-disabled children

It is vital that the education of the other, non-disabled children is safeguarded and, if possible, improved. For this reason, the number of disabled children in any one class is held to 6% to maintain a balance within the classroom. This limit ensures that all the children in the class can enjoy the normal environment of a mainstream classroom. The project has led to an improvement in the teaching methods and educational experiences for all the children.

Changing the teaching methods in one particular school in a neighbourhood can be very problematic if the school is governed by a set national curriculum and tests. The freedom allowed in the non-compulsory sector of education is always greater and, as such, schools in this sector are more open to innovation. This factor has contributed to the success of the reforms in teaching methodology instigated by the project.

The pilot kindergartens have introduced small group teaching, imaginative play, exploratory play, some choice for all the children and individual learning programmes for children with disabilities. These methods, which started in the first class to take children with disabilities, have spread to all the classes in each of the two schools. Teachers and families are happy with these innovations and note the positive benefits, particularly in the areas of linguistic and cognitive development. The attention to individual learning rates and styles has also contributed to an improvement for all children.

5. Record keeping

Educational records provide information vital to the planning of the individual learning programmes, and demonstrate to teachers, families and receiving primary schools the actual level of a child's achievement and any persistent difficulties s/he may have. The importance of record-keeping cannot be overstressed. It is important for teachers to devise their own systems, based on observation of a child's abilities and disabilities. The records include basic information and any standardised test results, records of observation, teaching plans and results, records of work within the family and evaluations.

6. Individual programmes

Individual programmes are designed for each disabled child. The child's individual programme is in operation throughout the day with the teacher intervening at points during play sessions or following through certain aspects during group teaching times. For example, if the teaching plan called for the child to distinguish between two colours (yellow and red) this would be one aim of the one-to-one sessions. It would also form part of the play session, in that teachers would watch for opportunities to intervene in the play to direct the child's attention to the two colours. If she were playing with bricks and placing a red one, the teacher could suggest putting a yellow one next to it. Within the group teaching session, it might also be possible to direct the child in this way. All members of staff in the classroom will be aware of the major aspects of the programme and will be involved in using the opportunities that arise. Parents are also involved with these programmes, particularly those elements that are concerned with social and life skills.

The skills of observations and analysis that teachers require in order to design individual programmes can have a profound effect on their understanding of all children in the class. This has enabled more targeted teaching to take place in the classroom, leading to an improved educational experience for all children.

PROJECT IMPLEMENTATION

The implementation of the project has focussed on three key areas: training; the concept of "small beginnings" which are followed by expansion; and the building of support systems.

1. Training

From the outset, it was decided not to concentrate the training solely on the classroom teacher, an option considered to be neither reasonable nor cost effective. Change can only be achieved with the active support and understanding of the administrators at local level. During the life of the pilot projects and subsequently with the expansion programme, the local administrators have received information and training to enable them to understand fully the nature of the changes taking place and to become key support people for the schools.

The style of training has been important. It is recognised that theoretical knowledge is of limited value, particularly in the early stages of a project. For teachers and schools to transform their working practices, and to assume responsibilities for the education of children with special educational needs, they must have the opportunity to observe other teachers, to talk with them, to see practical solutions to classroom organisation and management problems, and to see individual programmes being planned and implemented. These opportunities were only available outside China and much of the success of the pilot projects should be attributed to the facilities so generously offered by the Salvation Army kindergartens in Hong Kong.

Following the success of the pilot projects, it is now possible for this practical training to occur within Anhui. As such, the pilot kindergartens are now a vital resource for training the new teachers and administrators. The two training courses (one for administrators and one for teachers) held this summer have both used the expertise of staff at the pilot kindergartens. In the future, it is expected that each new kindergarten will be able to provide similar training opportunities within its own administrative district.

2. Small beginnings

The basis of any pilot project is that much can be learnt from a 'small beginning' and that at the appropriate time this can be expanded, extended and/or replicated elsewhere. This concept is also being used within each kindergarten. No kindergarten needs to transform the whole school straight away. Changes are made within one classroom and training is provided for those particular teachers. Two disabled children are admitted into this class, which should be the youngest class in the kindergarten. From this beginning, it is possible to change the teaching methods throughout the school, with the slowest rate of change being one new class a year. This enables integrated children to progress through the school and new children to be admitted every year. It also ensures that there are the same opportunities for discussion and observation within the school that exist between the pilot kindergartens and the new kindergartens.

3. Support systems

Support systems are essential if such programmes are to be successful. With the pilot project there was no need for formalised systems, as the project team was in close contact with the kindergartens. At the second stage of development, however, a system must be developed to support the new schools. One existing system of support is the local administration, but without some overall system, schools and teachers could feel isolated and discouraged when they encounter difficulties.

At present, a central Resource Centre is being planned and equipped. This Centre will have a broad range of roles. It will cover the education of children with learning difficulties and of children with other disabilities. It is envisaged that this Centre will be central to the future expansion of the integration programme and the improvement in special education.

The Resource Centre will be based in Hefei, the provincial capital, and will undertake the following tasks:

- provide information for the project team;
- provide training for administrators and teachers;
- answer queries and provide information and help for project schools;
- produce a regular newsletter to link all project schools and spread good practice between the schools;
- produce materials eg. booklets for use with families;
- provide information and build links with other related agencies;
- provide a central point of information for any other external organisations – eg. other provinces, national agencies and international organisations;
- actively promote the rights of disabled children and influence public opinion.

In summer 1993, the Centre was planning to produce three publications:

i) a booklet designed to alleviate family distress using the experiences of families already participating in the project. The booklet will be used by teachers to facilitate the initial stages of schools and family cooperation;

ii) the first issue of the newsletter;

iii) a leaflet about the programme which will be distributed to relevant local organisations and institutions to aid in the early identification of disabled children.

The most important support of all is that which professionals can give each other. It is essential to foster professional attitudes which permit the discussion of problems and the sharing of solutions and new approaches. The project team is endeavouring to build such open and trusting relationships within and between schools. It is these attitudes and the opportunities for sharing through the newsletter and planned seminars and meetings which help development to take place. Teachers from all the participating kindergartens will come together in a seminar planned for the latter part of 1993.

THE PROBLEMS AND MAJOR ISSUES

1. Funding and resources

While additional funding might be available to support a single pilot project, the issue of cost per school cannot be ignored. If the long-term aim is to transform many or all schools, a sustainable pattern of funding should be agreed, particularly at the first stage of "scaling up" from the initial pilot project.

Whereas large sums spent on the initial training (ie. through study visits) can be justified, it is perhaps unhelpful to provide too many additional resources to the school. Teachers will generally have to become inventive users of waste materials and utilise existing teaching equipment and this should be demonstrated in the pilot schools.

All material advantages should be used. In the Anhui project, space is limited, classes are large, and kindergartens have little in the way of educational equipment, but the staffing levels are generous. No one teacher has sole responsibility for a class and a form of team-teaching is practised, although generally only one teacher is with the class at any one time. It has therefore not been necessary to increase staffing levels. However, in exchange for acquiring new skills and improved job satisfaction, teachers have to increase their class contact hours and learn to work together much more closely.

Training costs should also be considered. Cheap, part-time training is not possible in the early stages. Providing pilot schools in each administrative area across a large province such as Anhui, means that intensive residential courses are needed. Follow-up visits from the project team are also required.

2. Early identification

The lack of systematic child health services means that many disabilities, particularly mild and moderate learning difficulties, may not be detected at an early stage. Even when children have been identified, access to education can be delayed, owing to a lack of awareness from medical personnel who do not appreciate the value of pre-school education for these children. The absence of effective referral systems also delays matters. This leads to pressure on the kindergartens to accept older children and those with more severe learning difficulties. Teachers and schools new to the work may find themselves faced with problems with which they are not equipped to deal.

In the long term, the presence of appropriate educational facilities in the area, greater public awareness of disability, reductions in stigma and prejudice and improved child health facilities will change this situation. In the short term, the project team must decide how much time and how many resources should be directed towards improving early identification systems. The project team must support the kindergartens in the enrolment procedure so as to ensure that each kindergarten has the best possible chance of success.

3. Families

Fear of mental disability and strong prejudice put great strain on the families involved. As the facilities and understanding in communities increase, this problem will ease, but in the meantime, work with the families must be slow and patient. Parents are unused to the type of daily cooperation which is needed in an integration project and teachers are new to the type of relationship they need to build with the parents.

Members of many of the families are poorly educated, so the design of any materials and the methods used to reach families must be very flexible.

4. Initial teacher training

The principles and practice of integration as an increasingly common approach to educating children with special educational needs, and the introduction of more effective teaching methods in particular, must, at a certain point, be included in the initial training of teachers. Plans to influence the curricula of teacher training providers will need to be addressed at some point.

LESSONS LEARNT

1. Starting points

While it is always tempting to target those areas where the need is perceived to be the greatest, this should perhaps be resisted. The very difficult circumstances in which the poorest rural schools find themselves may hamper the introduction of innovation. This project has been started in reasonably developed areas and in schools with adequate funding. The expertise gained will enable the programme to move outwards into areas with more problems.

Similarly, the project has worked at kindergarten level, and with young children. No attempt has been made to bring older disabled children, who have had no education or training, directly into mainstream schools. This would be extremely difficult to achieve even where there is considerable experience in the schools.

The project has targeted schools where effecting change is a little easier and where success is more possible. It has been designed to give children entering the mainstream school system the best possible chance by allowing them to attend pre-school.

2. Pilot projects

Pilot project schools should not just be involved in the experimental part of the programme. As well as testing a new approach, their long-term role is to help with the training process when the programme expands. If a school is unable to undertake this role, then it becomes harder to extend the project. Time is needed for sufficient experience to be gained before expansion is attempted.

3. 'Scaling up' or extending the project

The most critical period for any programme is when extending from one or two pilot schools to a group of schools. For long-term expansion, the geographical location of these schools is important. The training and support programmes need to be carefully monitored as these will form the basis for replication and extension of the work. Cost-effectiveness is also an important issue at this stage.

4. International cooperation

International cooperation can be very fruitful in supporting development by providing resources for experimentation, expertise and training. This project is successful because it is supported at the highest levels. It is part of the policy of Anhui Province and is led by the Director of Elementary Education. APEC is able to make decisions, assign staff and agree budgets. Pilot projects supported only by small local communities or national or international non-governmental organisations cannot become models for development in quite the same way.

The national decisions which were taken on compulsory education and the rights of disabled children provided the necessary framework for this project. Without a legal framework, similar projects remain vulnerable to changes in funding and priorities.

5. The Rights of the Child

In the rush for change and the development of services, it should not be forgotten that these moves are for the benefit of the individual children. The education of both disabled and non-disabled children in the project schools must be safeguarded. The education of each child must be considered of value in itself and not just as an object of experimentation and learning for educationalists. This project has been successful so far because this principle has been upheld. The difficult process of 'scaling up' and expansion is now beginning. Based on this principle and the experiences so far, the project team feels confident about the future of integration in Anhui Province.

The Community-based Rehabilitation Programme in Ghana

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Introduction

In June 1992, the Ministry of Employment and Social Welfare (MESW) initiated a Community-based Rehabilitation Programme (CBRP) for people with disabilities. This was in collaboration with the Ministry of Health, the Ministry of Education, Ghana Education Service, the Ministry of Local Government, non-governmental organisations and organisations of disabled people. The purpose of the programme is to improve the quality of life of babies, children, young people and adults with disabilities, through the mobilisation of community resources, the provision of services and the creation of educational, vocational and social opportunities.

In order to increase the capacity of the CBRP, the MESW requested assistance for a new project from two international NGOs, the Norwegian Association of the Disabled (NAD) and the Swedish Organisation of the Handicapped, International Aid Foundation (SHIA), the World Health Organisation (WHO), UNESCO and the International Labour Organisation (ILO). The project is designed to strengthen the CBRP through technical guidance, the training of personnel and the establishment of a training capacity within the CBRP. It will also strengthen the technical and training capacity of collaborating NGOs, essential for the effectiveness of the CBR programme.

This paper examines the origins of the programme, the preparation that was undertaken and how it has been executed. It also highlights some significant lessons learnt during the project and the constraints affecting this kind of work.

BACKGROUND

1. Background to the CBRP programme

Since 1960, the Government of Ghana has been providing various services for disabled people through the MESW, Ministry of Education/Ghana Education Service and the Ministry of Health. Social and vocational services for disabled people are also provided by NGOs. Most of the services have certain basic characteristics:

- they are provided primarily by urban-based, specialist institutions, both governmental and non-governmental, covering the needs of about 2% of the needs of the disabled people in Ghana;
- services are unevenly distributed across the country and are mostly located in the urban areas, whereas the majority of disabled people live in the rural areas;
- vocational training provided through the Government's rehabilitation centres is of poor quality and lacks viability as to employment prospects;
- special education in special schools only benefits a very small number of disabled children and rarely leads to employment in adult life.

It is estimated that over one million of the country's 15 million people are disabled. It is recognised that the majority of these disabled people, who represent one of the most vulnerable groups in the rural areas, benefit little from these services, if at all.

2. Current socio-economic situation in Ghana

The United Nation's Development Programme (UNDP) Human Development Report (1992) places Ghana among the poorest countries of the world. Ghana is ranked 119th out of 160 countries, with 6.7 million of its 15 million people living below the poverty line. Some 5.8 million people have no access to health services, there are 10.3 million without access to sanitation and 6.5 million without access to water (1990 figures).

In an effort to improve the living conditions of the poor, the Government initiated a short-term "Programme of Action to Mitigate the Social Cost of Adjustment" (PAMSCAD). This grew out of an Economic Recovery and Structural Adjustment Programme, in 1988, and was assisted by international agencies. Despite important achievements, the Economic Recovery and the PAMSCAD have had virtually no impact on disabled people, particularly those living in rural areas.

3. Prior and ongoing assistance

Internationally, there were moves afoot to recognise and help meet the rights and needs of disabled people. The UN General Assembly declared 1981 the "International Year of Disabled Persons" and in 1982 adopted a World Programme of Action Concerning Disabled Persons. The purpose of the World Programme of Action is to "provide effective measures for prevention of disability, rehabilitation and the restoration of the goals of full participation of disabled persons in social life and development, and of equality".

This means ensuring that the opportunities available to disabled people are equal to those available to everyone else, and that disabled people have an equal share in the improvement in living conditions resulting from "social and economic development".

In 1988, the Government of Sweden gave UNDP extra funding to enable it to support the planning and coordination of international technical assistance for countries implementing measures recommended in the World Programme of Action.

At the request of the Government of Ghana, an inter-agency team, under the UNDP Inter-regional Programme for People with Disabilities, visited the country in April 1991. The purpose of the team's visit was to advise the Government on the development of a Community-based Rehabilitation Programme for people with disabilities. Participating in the visit were representatives from ILO, UNESCO, WHO, UNOV, the programme coordinator and consultant, and the Secretary General of the Swedish Organisation of the Handicapped, International Aid Foundation (SHIA).

Soon after the visit, and following the circulation of the team's report, the Norwegian Association of the Disabled (NAD), which was already active in Ghana, expressed interest in supporting the launch of the planned CBR programme. The government accepted the international team's recommendations and the stage was set for the implementation of the Community-based Rehabilitation Programme in Ghana

In February 1992, an agreement was signed between the Government of Ghana and NAD. The agreement provided for NAD inputs to the establishment of the CBR Programme over a two-year period. A similar agreement was also signed in June 1992 between SHIA and the Government, providing for supplementary inputs to the programme for the same two-year period (June 1992 – June 1994).

In October 1993 a further agreement was signed between the UNDP and the Ghana Government under the Project Title: "Human Resources Development for Community-based Rehabilitation of People with Disabilities". This project has been designed to strengthen the existing CBRP through technical guidance, training of personnel, and the establishment of a training capacity within the CBRP. It will also strengthen the technical and training capacity of collaborating NGOs, an essential development if the CBRP is to be effective.

4. Essential features of the three agreements

i) Working within existing structures

Each of the three agreements stressed the need to use the Government's existing structures in the implementation of the CBRP. These structures are outlined below:

- the Ministry of Employment and Social Welfare (MESW) is the lead ministry within the Government for matters pertaining to persons with disabilities in Ghana. Within the ministry, the Department of Social Welfare is charged with promoting the advancement of individuals, including the integration of disabled persons in society, and safeguarding the rights of the under-privileged;
- the Ministry of Education and Ghana Education Service are responsible for running the education system. A Division of Special Education and

College of Special Education supervise the provision of special education and the preparation of special education school teachers, respectively;
- there are also disabled people's associations, which are for self-help, advocacy and to increase public awareness of disability. Together, these associations have formed an umbrella organisation called the Ghana Federation of the Disabled (FODA), the purpose of which is to represent the interests of all disabled persons. In addition, several NGOs provide services for disabled persons, e.g. Ghana Society for the Blind, Ghana Society for the Deaf, etc;

ii) Common strategies

All three agreements also have common strategies to improve the conditions of people with disabilities. These include:

- human resource development, including the strengthening of social infrastructure and services ;
- decentralisation of planning and decision-making, with greater participation of people at grassroots level in development decisions;
- development of institutional capacity in the service delivery system.

THE COMMUNITY-BASED REHABILITATION PROGRAMME FOR PEOPLE WITH DISABILITIES

1. Aims

The aims of the CBRP in Ghana are:

- to raise awareness and mobilise resources at village level, thereby enabling parents to be more effective in helping their disabled children to attend school, learn skills and participate productively in family and community life;
- to establish links between service providers in health, education, community development and social welfare at district level, thereby meeting the needs of disabled individuals more efficiently and effectively;
- to strengthen associations of people with disabilities to enable them to play a role in the mobilisation of the community, implementation of village level activities, and the management of the CBR Programme;
- to promote the human rights of persons with disabilities.

It has to be emphasised that these aims reflect the developmental objectives and policies of the Government of Ghana.The programme is intended to benefit babies, children, young people and adults with physical disabilities, visual and hearing impairments and learning difficulties. Their families and the local communities are also expected to benefit from the programme.

Recipients of project inputs will include personnel in social welfare, health and education departments in the Government structure and personnel from the disabled people's organisations.

2. Initial preparations

i) Staffing

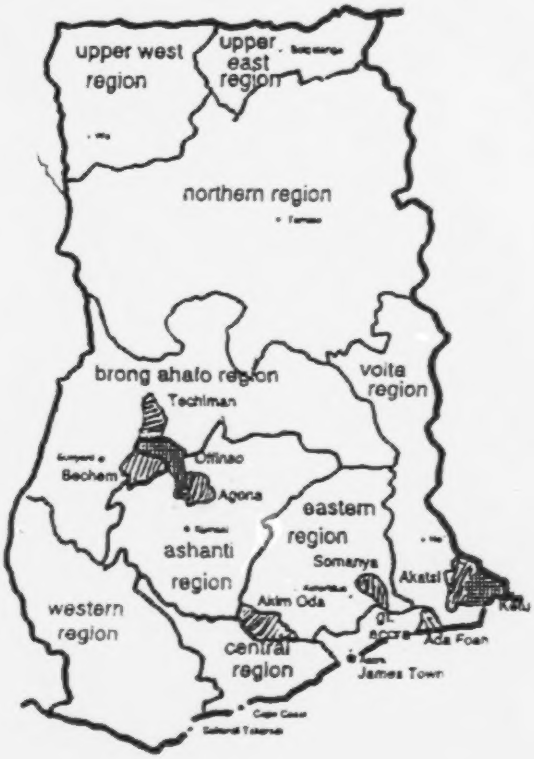
In January 1992, three senior members of staff of the Department of Social Welfare were posted to Accra to form the management team for the CBR programme. There was one programme manager and two deputy programme managers. Two expatriates from NAD joined the team as programme advisers whose role was to assist the local team in the planning, co-ordination and monitoring of the programme.

ii) Selection of target districts

In April 1992, the management team, assisted by a programme officer from the UNDP Inter-regional Programme for Disabled People, embarked on a scouting mission in the Southern sectors of the country to select two districts from each of five targeted regions to participate in the new programme. Before embarking on the exercise, criteria and models for selection were worked out in consultation with the disabled people's organisations. The criteria for selection included the following:

- likelihood of having volunteers to serve as local supervisors to support families in the various communities in the district;
- existence of or prospects for creating a local organisation of people with disabilities;
- effective execution of community-initiated projects; the extent of the involvement of the district authorities and chiefs in Community Development Initiatives;
- availability of personnel from Social Welfare, Education and Health sources at the district level;
- proximity of districts for effective monitoring and evaluation.

Two districts were elected from each of the Greater Accra, Eastern, Volta, Ashanti and Brong Ahafo regions.



Target district in the CBR-Programme

Soon after the selection of the districts, both the Department of Social Welfare and Special Education Division posted staff to the target districts who were attached to the programme. The personnel included 13 district Social Welfare Officers, one of whom was a representative of FODA, and 18 specialist teachers (peripatetic teachers) to begin the implementation of the programme at district level.

3. Training of District Social Welfare Officers

A three-month basic training course in the CBR was established in June 1992 for the District Social Welfare Officers (DSWOs) and the CBR management team. The course was delivered in Somanya, one of the target districts.

Three expatriate resource persons, including a co-author of the WHO manual *Training in the Community for People with Disabilities*, helped to run the training programme in cooperation with local resource persons

Major areas covered during the session included:

- training in the community for people with disabilities;
- socio-cultural factors in rehabilitation in Ghana;
- the concept of primary health care;
- early interaction and intervention with babies and children;
- community mobilisation.

The main responsibilities of the DSWOs are the mobilisation of and support for communities within their respective districts and the monitoring of integrated programmes for people with disabilities.

At the end of the training session, the officers were provided with a motorcycle each and a WHO Manual to facilitate their work in the communities. The officers were also required to scout, sensitise and select between four and eight communities to begin the programme.

Communities wanting to start the programme were required to form a Community Rehabilitation Committee comprising a cross-section of members of the community, including people with disabilities and/or their family members. The communities were also each required to appoint two people to be trained as local supervisors by the DSWOs to support disabled individuals and families with disabled members. One of the committees' roles was to find ways and means of motivating their local supervisors.

After a vigourous 'sensitisation' programme, each district managed to select four communities. The district of Offinso actually selected eight communities owing primarily to its large geographical area and the fact that most of its communities were prepared to embrace the programme.

The number of participating communities was limited to four (or eight) to enable the DSWOs to monitor the programme effectively.

4. Training of peripatetic teachers

The need for the involvement of specialist teachers for children with special educational needs in the integration of such children in mainstream schools cannot be over-emphasised. Integration of people with disabilities in community life can only be meaningful if opportunities are created early enough for them.

In line with this objective, 18 peripatetic teachers, who were to be posted to the target districts, followed a four-week course, later supplemented by a three-week course on CBR-oriented education.

The main objectives of the course were:

- to make the teachers multi-disability oriented and to assist mainstream school teachers in the integration of children with specific educational needs in the ordinary classroom;
- to help the teachers to assist the local supervisors in their respective communities in home-based training for pre-school infants;
- to enable the teachers to work in close collaboration with the DSWOs in the monitoring of the CBR programme in the district.

This seven-week training programme was later augmented with a further one-week orientation in interaction with children with special needs. The course was organised by an expatriate resource person, Mrs Anupam Ahuja, from India. Ten other mainstream school headteachers/teachers also participated in the training programme. Each target district was given a motorcycle to facilitate the work of the teachers within the communities.

5. Orientation in the target communities

The local supervisors are expected to identify and assess the needs of people with disabilities and assist families to support their members who have disabilities. A two-week orientation programme was organised for local supervisors. There were 29 females and 55 males. The orientation which was organised by the DSWOs and the peripatetic teachers focussed on the use of the WHO manual, *Training in the Community for People with Disabilities*. The two-week orientation was preceded by practical work in the communities.

The local supervisors have been exposed to the various referral levels in their respective districts, including health, social welfare, education and community development facilities. Each supervisor was given a WHO Manual and a kit box.

The peripatetic teachers have similarly organised a three-day orientation course in the various target districts for mainstream school teachers in the selected communities. The purpose of the orientation is to move the teachers towards the acceptance and inclusion of children with special needs in the mainstream schools. Discussions have centred on identification of children with special needs, classroom management and the involvement of parents and the community in the education of children.

SIGNIFICANT LESSONS LEARNT IN IMPLEMENTING THE CBR PROGRAMME

1. Community level

Community Rehabilitation Committees (CRCs) have been set up in the target districts. It is significant that some committees have initiated projects to improve conditions for people with disabilities and for the whole community.

In one such community, in the Akatsi District of the Volta Region, local people have, through self-help, managed to erect a school building to facilitate the education of children in the community. The District Education Office is sending teachers to establish the school. Before the CBR programme, children in this community used to walk a distance of 5 km to attend school. This situation could have prevented children with physical disabilities and visual or hearing impairments from attending school.

In Adorobaa in the Bechem District, the committee has acquired a piece of land to be used as a playground for children in the community. The local supervisors intend constructing functional training aids such as parallel bars, ramps and swings which could be used by children with physical and other disabilities. This could also enhance interaction between non-disabled children and children with disabilities by providing a space where they can play together.

Some other committees have also embarked on income-generating activities, particularly in the area of farming, to provide income for people with disabilities.

2. Individual level

As at September 1993, the programme has identified 677 people with various disabilities. Of these, 438 people needed some kind of service, ranging from functional training in activities which are part of daily living, to income generation. Seventy persons were children of school age.

Most of these people's needs were met within the community through the CRCs, local supervisors, school teachers and other community structures.

For example, in Okwenya, in the Somanya District of the Eastern Region, a child suspected of having cerebral palsy who has difficulty in walking and speaking, has been trained by the family and the local supervisors to stand and walk some few steps.

In Atukpai, a ward in James Town of Accra, a six-year old girl called Emo, with speaking and learning difficulties was placed in a local school. Within a period of two months, she started forming words like Ma-ma, ba-ba etc. Hitherto, the girl had not made any effective communication in the household.

In Penyi in the Ketu District of Volta Region, an elderly man who has difficulty in seeing had not had the opportunity to move outside his house since he became visually impaired some 14 years previously. He is now being assisted by the family to attend some community activities. The local supervisors have started some functional and mobility training with the man and his family to make him less dependent on others for mobility.

Quite a number of individuals with disabilities have expressed satisfaction with the support being provided at community level. The disabled people's organisations are presently being encouraged to devolve their activities and recruitment campaigns to the districts. This would enable the organisations to support programmes at both district and community level, and help to build confidence among the large number of disabled people being assisted by the programme.

3. National level

A Community-based Rehabilitation Programme Advisory Committee has been constituted at the national level. The Committee comprises representatives from the existing government institutions providing services for disabled people, the Disabled Persons' Organisation and the University of Ghana. The CBRP Advisory Committee is responsible for the co-ordination of the overall programme and ensuring the sustainability of community involvement.

Future plans for the programme include the introduction of CBR in the curriculum of the School of Social Work, and a component on the education of children with special educational needs in the teacher training colleges.

In view of its modest but significant achievements, the programme intends extending to seven more districts in the Northern, Upper West and Upper East Regions during 1994.

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MAJOR CONSTRAINTS FOR THE CBR PROGRAMME

1. The local supervisors

One of the major constraints on the implementation of the programme has been the commitment and interest of some local supervisors, particularly in the urban communities. The local supervisors in these areas are often unemployed when they are recruited and are usually motivated at least in part by monetary considerations. However, the supervisors' initial commitment to and interest in the programme appeared to decrease when the renumeration did not meet their expectation.

The situation in most of the rural communities looks slightly different. Despite relatively low incomes in these areas, the local supervisors appear to be more committed to the programme, largely, it would seem, owing to traditional bonds, a communal spirit and a tradition of voluntaryism. Local supervisors in these areas make less demands on the CRCs and seem very pleased with the various forms of incentives, ranging from social recognition to the occasional provision of free food items, free transport etc. from the community.

The situation in the rural areas notwithstanding, addressing the issue of motivation could further strengthen the programme at the community level.

In the urban areas, a little more 'sensitisation' work needs to be done, and the background of prospective local supervisors examined. It would be appropriate to consider such factors as age, current and previous employment, status and previous involvement in other community activities. Unemployed young people, for example, might consider a position on the programme solely as a potential source of income. Voluntary organisations and local churches could also encourage their committed members to be engaged as local supervisors.

Generally, the CRCs should be encouraged and supported to go into profitable income-generating activities to support programmes at the community level, which would include discussions on various forms of motivation for the local supervisors. In Ghana, the programme has started collaborating with a local community development consultancy to help train the DSWOs and other community workers to support the committees in this direction.

2. Collaborative working

One other constraint has been the collaboration between the programme and the Ministry of Health at the national level. This, however, appears to be primarily an organisational problem. With the CBRP Advisory Committee constituted, and a representative of the Ministry serving on it, it is hoped that this problem will be resolved.

CONCLUSION

Although the structures being created in the communities seemed a little fragile at the beginning of the project, there is every indication that this problem will be overcome. Effective monitoring and assessment, and a strengthening of opportunities at community level will, ensure that a majority of people with disabilities are able to benefit from the services being provided. This can only have a knock-on effect for other development issues.

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4

GUYANA

Involvement of volunteers, parents and community members with children with special needs

by BRIAN O'TOOLE
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BACKGROUND

1. Identifying the problem

This story begins with a visit by a neighbour to the home of one of the writers of this paper. She came to ask if he knew of any help that was available for her severely disabled daughter. He had known the family for a number of years, their children played together, but he did not know that there was another child in the home who did not go out.

The neighbour had visited a nearby rehabilitation centre on a number of occasions, but now her daughter was simply too heavy to be carried on and off public transport, so she could no longer travel to the expert facilities. In frustration, the neighbour began to withdraw and became depressed about her daughter Nalini's future. She saw no point in discussing her situation, even with a neighbour whom she knew was working in the field of special education. The experience of the writers of this article, an educational psychologist and a physiotherapist, was that there were thousands of other children like Nalini across Guyana. The education of children with special educational needs in Guyana is largely based in the capital city. In rural areas, there is, therefore, a significant gap between the needs of children with special educational needs and the available provision.

2. The need for new approaches

The neighbour's visit came mid-way through the 'Decade of Disabled Persons'. It seemed, however, that much of the time had been spent highlighting the inadequacies of existing service models in the areas of special education and rehabilitation, rather than researching and developing innovative alternatives. It was clear then, as it is now, that parents the world over were not receiving enough help with the care, education and training of their disabled children. In many of the poorer developing countries, the parents often find no help at all.

There is an urgent need for a reappraisal of the concept of staffing, the models of training and the nature of services offered in the areas of rehabilitation and special education. A major reason for the lack of progress over the past decade is the adoption of inappropriate models of service delivery. The 'modernisation mirage' which fosters the illusion that Western skills, knowledge and attitudes need to be transmitted to people in developing countries, has yet to fade. In a blinkered desire to imitate a Western model of service provision, the developing countries have lost sight of the true magnitude of the problem. The official justification for this 'policy' is to 'maintain standards'. However, for the 98% of families which are presently receiving no assistance, the argument concerning standards of service provision has no relevance.

The past decade, however, has also seen a change in thought and action concerning innovation. There is an increasing realisation that change will be impossible if the people who are supposed to benefit from 'development' do not cooperate with those who wish to promote the development process. The authorities view as essential the active participation of the "subjects" of development, at all phases of the development process. One of the major challenges is to guide individuals who have traditionally been led by others, to enable them to take charge of their own affairs. Special education and rehabilitation can no longer be seen as products to be dispensed; the services must be offered as a process in which all the participants are actively involved.

3. Community-Based Rehabilitation

Community-Based Rehabilitation (CBR) has been offered as one response to this emerging philosophy. The goal of CBR is to demystify the rehabilitation process and give responsibility back to the individual, family and community. Someone from the community, a health worker, teacher, social worker, or volunteer, is recruited and trained. This worker then works with families to develop an education and training programme. In this way, simple rehabilitation tasks are delegated to auxiliaries or volunteers, whose work is supported by a rehabilitation therapist. An essential ingredient of CBR is the involvement of the community in the planning, implementation and evaluation of the programme.

This new philosophy is immediately persuasive, but can it be translated into practice? Do the parents welcome the opportunity to assume a training role with their children? Is community development in this area realistic? Are there people in rural villages who would wish to offer their services in such a programme? Community participation has become fashionable. The challenging reality of translating these principles into practice is not always understood or expected. It is often unclear what "community involvement" means in practice. What means of expression are available to the community? How can the community become involved? Rehabilitation therapists may have technical skills, but most do not have training in organisational, social and political skills. The coordinators need to develop skills in facilitating community development. A recurring problem has been a lack of understanding about the process of innovation itself.

A pilot study of CBR was carried out with disabled children in two rural areas of Guyana from 1986 to

1988, in an attempt to analyse the process of innovation and understand something of the dynamics of community participation.

The pilot programme was financed by the University of Guyana and the Canadian International Development Agency (CIDA). On the basis of the pilot study experience, a more extensive, three-year CBR programme is now in operation in five rural areas of Guyana. This project involved 300 disabled children and their families from 1990-92. The programme was funded by the European Community and Amici di Raoul Follereau (Italy), in collaboration with Action on Disability and Development, and the National Rehabilitation Committee of Guyana. Early applications were submitted for a further three-year extension of the programme from 1993-96 to try to ensure continuity. This article therefore draws on experience from the CBR projects in the five regions of Guyana involved in the first three-year programme. It is not the purpose of this paper to examine the effectiveness of the CBR intervention in Guyana as a whole, and a more detailed evaluation is available elsewhere (O'Toole, 1989). This paper focusses on the involvement of parents, volunteers and community members in CBR.

THE PROJECT

1. Preliminary planning

The planning process for the programmes in each of the rural areas has been similar. Before the project began, a series of meetings was held with Ministry personnel, parent groups, rehabilitation professionals and service organisations. The project received fairly extensive media coverage with a number of items on the national television news and programmes on the radio. In addition, announcements about the programme were made in churches, mosques, and Hindu temples within a 15 mile radius of each training programme. All the schools and health clinics in the areas were also contacted. For each programme, over 120 posters were displayed in shops and public buildings.

2. Utilisation of personnel within the community

CBR programmes have now been introduced in five regions of Guyana; four are coastal areas and one is inland. In each case, the coordinators have identified the most practical infrastructure through which to work.

In the two regions involved in the pilot study, the workers in one region were nursery school teachers and the programme was run in collaboration with the Ministry of Education; in the other region, the workers were volunteers from the community. Of the three new regions joining the extended programme, two on the coast have used community volunteers, while another region, deep in the interior of the country, will run the CBR programme in collaboration with the Ministry of Health, and will offer the CBR training to existing community health workers. There has necessarily been a very flexible approach to developing the various CBR programmes in Guyana.

In the three regions using volunteers, the training was offered as part of the outreach programme of the Institute of Adult and Continuing Education (IACE) at the University of Guyana. The aim of the CBR programme in these three regions complemented the philosophy of IACE, ie. to reach out into rural communities and assist the villagers in becoming more active participants in their own development process. The three volunteer training programmes have been significantly more effective in mobilising community involvement than the nursery school programme. The programme working with community health workers is only just beginning, and as such no comparisons can be made as yet.

The training programme for the volunteers was widely advertised in the media and in the community. In each of the three regions, three to five times more people applied for the training than there were places. No academic qualifications were required for acceptance on the programme, and the volunteers did not have to pay for the course. Those selected came from a wide variety of backgrounds, including people who had teaching, nursing, clerical and technical jobs. Typically, about a quarter of each group had a family member with a disability and an equal proportion were housewives. For over half the volunteers, the desire to be of service to the community and a general concern for the well-being of children were the main reasons for them wishing to be part of the project.

Similar training was given for each of the CBR programmes. Training inputs were provided by a wide range of rehabilitation therapists working in Guyana. Each participant received between 120 and 150 hours' training over a one-year period. To date, 176 disabled children, with a wide range of disabilities, have been involved in the extended programme. In each case, the CBR worker identified someone in the child's home through whom it would be possible to introduce the training programme. The enthusiasm of the volunteers was such that, on each programme, extra training sessions were requested.

There may never be enough money to train all the workers needed, and a re-examination of who the workers might be is now necessary. Experience suggests that volunteers from the community, if effectively trained and supported, can play a meaningful role in helping disabled children and their families. More imagination is needed concerning the recruitment and deployment of volunteers from the community.

The utilisation of human resources from within the community has potentially far-reaching consequences. A number of the volunteers reported that the CBR experience had impacted on their lives, increasing their confidence, self-respect and feelings of personal significance because it had made them realise that they could contribute something of value. It may not be unreasonable to suggest that this process has contributed towards an awakening of human potential, and this model could have far-reaching implications.

As the various programmes developed, it became clear that the volunteer input is only the beginning of the process and that if the programme relies solely on volunteers, the benefits of the programme are short-lived. By definition, the involvement of volunteers will be of limited duration. The foundations laid by the volunteers need to be built upon, either via the existing infrastructure or through the creation of a new one.

3. Involving the wider community

An effective innovation needs a well-informed and well-prepared community, and time was therefore spent on developing community awareness. Coverage in the media at different times during the project has done much to enhance the status of the programme and has helped to give the volunteers and families the feeling that they are part of an important project. This has been augmented by the announcements concerning the project in places of worship, health centres and schools in the region.

Before each programme begins, the coordinators meet with professionals from the area, including the Service Groups, Ministry personnel, political and community leaders, to discuss programme objectives and to develop a process of active local involvement. Such meetings have helped to present the project as a joint undertaking, rather than one which is being imposed by an external body. The support from overseas in the form of finance and visiting professionals helped to foster a feeling among participants that they were part of an international partnership.

Community awareness was enhanced by a CBR column in the Sunday newspaper which ran for 16 weeks. A series of puppet shows was presented by the participants to schools, a village meeting and a public festival. The Canadian International Development Agency (CIDA) helped to finance two visits by Dr Roy McConkey, who assisted in the development of video training materials. The volunteers and the families played a major role in the development of these resources and had a genuine sense of ownership of their production. The video programmes were sponsored by local companies and have now been shown on national television. The combination of the newspaper series, the puppet shows and the series of 10 programmes on television has assisted in sensitising the community to the needs of people with disabilities.

4. Community action: an example

In the original pilot study, a number of parents, volunteers and community leaders had organised themselves into a group called the Village Health Committee (VHC). Through its involvement in the project, the VHC became a more dynamic organisation. It became a voice for the hopes and aspirations of the parents of disabled children in the area. The VHC adopted the CBR project and thereby ensured that the project would continue.

In the village with the VHC, the volunteers and the VHC planned a joint survey. About 4,500 people were contacted. Approximately 1.5% of the children in the village were found to be in need of special help because of their disability. As a result of the survey, the VHC began to develop a Resource Unit in the village to meet the needs of these children.

The VHC needed to liaise with a number of community groups to create the Unit. The Unit is housed in a building loaned by the local Hindu community. The building has, however, been extensively renovated and equipped with materials obtained by an Expatriate Women's Group and by the VHC, from local resources. In recognition of this successful grassroots initiative, the Ministries of Health and Education agreed to supply the staff for the Resource Unit. This was a highlight of the pilot project, with a high level of community involvement and a community group eventually taking responsibility for the continuation of the project.

The VHC proved to be very effective in the early days of the project. The parents and community leaders could easily relate to the material needs for paint, zinc, cupboards, furniture etc. This was part of their

experience and offered an immediate and practical activity. Moreover, when the Unit first opened, everyone, parents and professionals alike, was learning about the service. Now, five years later, some of the needs are more subtle; there is a particular need for training and support for the staff, and for clarification of the philosophy and purpose of the Unit.

Over the past couple of years, the Resource Unit has moved towards delivering a more professional service. Some of the volunteer teaching inputs have declined and there has been an attempt to organise the Unit along 'Ministry lines'. There is now a plan to expand the Unit into a regional school. This plan has been enthusiastically adopted by the Expatriate Women's Group. In the process, there may be a danger that the service is shaped by the professionals in the Unit and the Expatriate Women's Group which wants 'to help', rather than by the people in the village and their needs. As the Unit has developed, so the input of the VHC has declined.

An attempt has therefore been made to help the community reflect on its own needs and a CBR committee has recently been formed to serve the village and its regions. Its members are parents, community leaders, CBR volunteers and a member of staff from the Unit. The hope is to create a body which will offer a coherent voice for the clients in the area and provide a forum through which the needs and hopes of different groups can be openly discussed. Over the past year, approaches have been made to funding agencies to finance the development of the Village Resource Unit into a school for the whole region. To date, the major parties in the discussions have been the Expatriate Women's Group and the Unit staff. The hope is that the newly-formed CBR Committee will be able to play a significant role in these discussions and that the funding agency will listen to people from the community, and not simply those who would speak on their behalf.

The other pilot programme, which involved the nursery school teachers, did not stimulate a comparable degree of community involvement. This is a significant point of comparison between the two different types of programme. The volunteers were very involved in the project and gave more time to the intervention than was originally envisaged; by contrast, the nursery teachers, as a group, appeared to be weighed down by their various responsibilities and regarded the CBR programme as something in which they had been obliged to take part by the Ministry. Consequently, they invested only what was absolutely necessary. It will be interesting to compare the nursery school experience with the current attempt to work through the community health workers in the area on the Brazilian border. This experience will have implications for incorporating the CBR activities into an existing infrastructure. It may be that where existing professional groups absorb CBR into their normal work activities, their commitment decreases and the programme begins to do less well.

5. The challenge for the coordinators

Recent developments have reminded the coordinators of the programme that their role is to inspire, advise and support and not to make unilateral decisions. Their challenge is to help the villagers as they attempt to expand and consolidate the gains they have made. The coordinators must ensure that the community appreciates that external forces alone will not resolve the issues.

The coordinators have to help the community to identify its own problems and assist in the formulation of creative responses to these problems. It is important to know when to stand back, allowing the clients to take the programme in a direction that is valid and helpful for them. The coordinators need the humility and the wisdom to allow the community to take charge. The villagers will need both assistance with articulating their vision and support in developing the confidence to present the plan to school staff and other interest groups which may have a different perspective. This level of community involvement is essential if the programme is to be a community-based project and not simply a programme based in the community which is piloted by external forces.

CONSOLIDATION AND EXPANSION

1. A Committee structure

On each of the programmes, the volunteers work on a weekly basis with between one and three families with disabled children. A CBR Committee is being created in each region of the country that has a CBR programme. One such committee was recently formed in the East Coast of Demerara (ECD) and has seven members. Three are CBR volunteers elected by the whole CBR group, three are parents nominated by the coordinators and accepted by the CBR group, and the seventh member is one of the full-time CBR workers. After one year of the programme, 10 of the volunteers were asked to continue working with the families for a further six months.

The East Coast Demerara CBR programme entailed working through 32 volunteers with 65 families in 23 villages. The CBR Committee for this region has now developed three resource centres as a way of offering help and support to the families. These centres have only recently been appointed and are in a very rudimentary state at present. Two of the resource units are based in nursery schools and the third is housed in a health clinic. A CBR volunteer is working in each of these three centres. The centres have been provided with a limited supply of books, manuals and videos to develop a simple lending library. It is planned to open a toy lending library in the near future. Once a week, parents are invited to bring their disabled children to the units. During this time, the CBR volunteers work with the children and offer advice and support to the families. These weekly visits provide the opportunity for the families to meet others who face similar difficulties. The CBR worker at each of these units is developing a programme which includes monthly visits from guest speakers who share information with the parents. The units are all overseen by the Regional CBR Committee, along with the Coordinators of the Guyana CBR programme. The Regional CBR Committee meets regularly each month and is in the process of developing a proposal to one of the funding bodies in Guyana to expand its service.

The CBR Committee is struggling to articulate the needs of its area and is accepting responsibility for helping to determine the direction that service delivery will take in their region. The Committee is beginning to realise that, as members clarify their own hopes and desires, professionals, funders and Ministry personnel will begin to respond to their lead rather than simply expecting them to accept what is offered, as has often been the case in the past. The hope is that the CBR Committee members will become active planners rather than passive recipients, and realise that their ideas are listened to, respected and acted upon. They are now challenged to be creative and imaginative as they have been given no script to follow. A crucial role for the coordinators is to help facilitate this process, while accepting that they should not be trying to direct every step of the CBR Committee.

2. Parental involvement

It is now recognised that many of the social and emotional needs of parents can best be met by participation in an informal voluntary association with other parents of children with special needs. The nature of this partnership must emerge from the parents and reflect their needs and interests.

Few of the parents in the Guyana CBR programme had met other parents of disabled children before the programme began. The great majority who took the opportunity to meet other parents found this contact very helpful and they found comfort in the knowledge that they were not alone. The CBR Committees are trying to facilitate the development of a local network of families who could provide mutual support for one another. Such a network could provide a formidable force in working for change in developing countries.

Effective participation cannot be brought about by political pressure or insistence from external providers. People will become involved only if they feel that they are genuinely being consulted about their needs. Effective consultation may be the key to change as the community learns to solve its own problems. The members on the various CBR Committees need to improve their skills in consultation, develop their management ability and become more sensitive, as they listen to others.

CONCLUSION

Follow-up research is necessary in order to prove the significance of the CBR programme in achieving long-term development. However, the CBR programme has already demonstrated what can be achieved through using available resources to create better opportunities for children and a sense of hope for parents, who begin to realise that they can play a significant role in the development process. The communities have become more aware of disabled people in their midst and have begun to play a meaningful role in planning ways of meeting their needs.

Now, five years after the project first began, our neighbour's daughter Nalini still cannot say very many words, but her neighbours know she exists and the mother feels comforted by progress she perceives in the child's mobility and general behaviour. To a casual outsider, the gains may appear insignificant. To Nalini's family, and to others involved in her care, involvement in a CBR programme has been a meaningful experience and has offered a challenge to achieve more in the future.

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5

INDIA

Teacher development initiative (TDI) to meet special needs in the classroom

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Introduction

This paper introduces a three-stage development in teacher education in India, which has aimed to enable teachers to meet the needs of children with special educational needs more effectively. The first phase of the project involved the Project Integrated Education for the Disabled (PIED), of which teacher training was the key component. Following on from this, in 1989, the authors were invited by UNESCO to coordinate an advisory team which would review and select materials for a teacher education resource pack on special needs in the classroom. This led to membership of the international team working on the development of the pack (phase two). Phase three of the initiative, currently under way, is a national, multi-site, action-research project which is evaluating the effectiveness of the teacher education resource pack in India.

BACKGROUND

1. Political context

The last decade, and the second half of it in particular, has been significant for educational development in India. In 1986, the National Policy on Education prioritised 'education for all'. Over thirty years of planned development for education had marginalised the education of children with special educational needs; 'education for all' ensured that meeting their educational needs came to be recognised as an integral and essential part of education provision. A concomitant of this was a concern to reform teacher education to ensure that the aim of 'access for all' could be realised.

As India is a developing country, it seemed inevitable that children with special educational needs would have to be educated within the mainstream school system if 'education for all' was to be realised within a reasonable period of time. This seemed a feasible goal but it was clear that the model for change would need to be developed within the sociocultural and economic context of India. It was also apparent that the key to the success of the initiative was teacher development. Furthermore, that development needed to be both theoretically sound and achievable, given the resources available. This has been the goal of the work described here.

2. Project Integrated Education for the Disabled (PIED)

This project was initiated by the National Council of Educational Research and Training (NCERT) and received financial support from the Ministry of Human Resource Development (MHRD) and UNICEF. The project aimed to develop models for educating children with special educational needs in mainstream schools. These models would focus particularly on teaching methods appropriate to classes of children with a wide range of abilities.

Teacher training was a key strand of the PIED. A special training programme with three levels was designed for the project.

Level one:

all participating teachers attended a one-week orientation course covering special needs and equal opportunities in education; curriculum adjustment and adapting teaching styles; special aids to improve access to the curriculum for children with special needs; classroom management; and adapting evaluation and assessment procedures.

Level two:

six-week training for about 10% of the teachers participating in PIED, covering areas such as: reading and writing braille; daily living skills, speech and language training, orientation and mobility etc.

Level three:

a one-year course covering a wide range of special educational needs was undertaken by about ten teachers who then provided support to a cluster of local primary schools. These teachers also taught extra-curricular skills to children with special educational needs. In 15-18 months, this model provides an area with enough local, trained professionals for it to be self-sufficient in the delivery of special education. (Jangira, 1989).

The PIED initiative had several significant outcomes:

i) education administrators and teachers were more confident about educating children with special educational needs in mainstream schools;

ii) teachers in rural areas increased their status within local communities because, in many cases, they were providing the only services available to children with disabilities;

iii) in the project areas, administrators and teachers had a more positive attitude to working with children with special educational needs (Jangira and Srinivasan, 1992), with the traditional resistance to special education slowly being worn down;

iv) there has been a better-informed approach to the implementation of programmes in the participating states and union territories;

v) teaching and other resource materials have been produced which focus on meeting special educational needs in the developing countries and, more specifically, in India;

vi) the demonstration of special education practice has increased community awareness and support.

Through observation and evaluation during the project, the team became aware that PIED had several limitations. Despite the focus on integration, the categorisation and labelling of the children continued. The withdrawal of children for some activities was common. Although the enrolment of children with special educational needs increased, more and more children were being identified as having special needs. The extra funding and resourcing available for these children could have encouraged schools to label children who were borderline cases as having special educational needs. This begs the question: are we meeting children's special educational needs or are we creating the special needs to inflate our own achievement as providers? Another problem was that, despite efforts to make the teacher training learner-centred, there was still a significant level of formal teaching input. The three-level teacher training programme was not very cost-effective, given the number of teachers involved and the project's limited resources.

3. The UNESCO teacher education resource pack: special needs in the classroom

During this time, as PIED's limitations were becoming clearer, the authors were invited to act as coordinators of the advisory team which was reviewing and selecting materials for the UNESCO teacher education resource pack on special needs in the classroom. A headteacher and primary school teacher worked alongside the authors on the advisory team. The philosophy behind the pack's development and the approach to the project seemed to address some of the issues arising from the PIED experience and the work undertaken by the team in helping to create the pack formed the first part of phase two of the teacher development initiative (TDI).

The India team became part of the international team developing the UNESCO pack. The pack was trialled in a range of teacher education contexts; this being the second part of phase two of the TDI. Since then a multi-site, action research project has been established in many different areas of India. The project involves a variety of teacher education institutions and aims to study the effectiveness of the strategies in the teacher education resource pack in changing teachers' and pupils' attitudes to teaching and learning and to pupil achievement. This project represents the third phase of the TDI to meet special needs in the classroom.

THE PROJECT

1. Aims and objectives

The project aims to equip teachers to organise their schools and their teaching to meet the educational needs of **all** children. Its rationale is that teachers should be able to respond to the diversity of educational needs in the classroom; it recognises the need for significant shifts in the teachers' attitudes to teaching and learning if this aim is to be met. Changing attitudes signal a move away from basic skills training towards teacher **development**. Teacher development initiatives will encourage teachers to learn from their own professional experience, to experiment with new approaches and to develop new materials which will stimulate the learning of each child in the classroom. This form of development must become an integral part of the professional life of teachers.

The project has three specific objectives which grew out of a consideration of the current international perspective on teacher development and the national context in India. The objectives are as follows.

1. To assist UNESCO in the development of the teacher education resource pack on special needs in the classroom, as members of the international team.
2. To study the pack's effectiveness in changing teachers' and pupils' attitudes to teaching and learning and to pupil achievement.
3. To develop human and instructional resources to facilitate the use of the Indian version of the resource pack in reforming teacher education to meet the educational needs of all children in the school system.

The project is located within the National Council of Educational Research & Training (NCERT) and is funded jointly by NCERT and UNICEF.

2. The teacher education resource pack: a starting point (phase two)

i) Content

The draft teacher education resource pack on special needs was ready in early 1990. It is based on the five principles of effective learning, namely:

- active learning
- negotiation of objectives
- demonstration, practice and feedback
- continuous evaluation
- support.

The pack contains study material, stimulus sheets for organising learning activities and the course leaders' guide for organising training programmes (see UNESCO, 1990).

ii) Learning to use the pack

UNESCO ran a workshop and seminar in Zimbabwe for a pair of coordinators from eight countries, preparing them to use the resource pack. The coordinators produced plans for trialling the material in initial and in-service training in their own countries. The

coordinators also discussed the pack's contents and some revisions were made as a result.

On returning from the course, the Indian coordinators presented materials and strategies from the pack to 46 teacher educators, as a preparation for working with teachers. It was a thrilling experience. The response from the teacher educators was far more positive when using the pack's approach than when using the conventional training approach (Jangira and Ahuja, 1992). This session gave the coordinators ideas for the design of the pilot programme with teachers.

3. The resource pack: pilot programme with the teachers

In planning the pilot programme, the coordinators worked with in-service (practising) teachers, asking:

- how do teachers react to the content, process and outcomes of training and the materials used therein?
- is what is learnt during training translated into the teachers' classroom practice?
- if what they learn is transferred to the classroom, how do pupils react to this change?

This initial course spanned eleven weeks, and comprised four full days, followed by one half-day session a week, for four weeks. In between sessions, the teachers implemented the new teaching and learning strategies in their classrooms, sharing their experience with colleagues at subsequent sessions. Teachers shared ideas in small and whole-group discussion and via reading each other's journals, focusing particularly on how they had adapted strategies learnt during training sessions for use in their own classrooms. The teachers were initially uncomfortable and reticent with this approach, but soon became highly motivated. One teacher wrote: "I started thinking more about learners and individuals, and new ways and means of approaching each child".

A similar pilot was conducted with trainee teachers in a District Institute of Education and Training. They were taught teaching strategies which they tried out during their teaching practice. They were very enthusiastic about learning new strategies and discovering new materials: "we learnt about the educational needs of children and realised that each child has his or her own special needs to be met in the classroom."During this pilot, the coordinators discovered that some of the instructions on the stimulus sheets needed modification. Most importantly, they uncovered more ideas for the design of the training and enriched the material itself. A training video was developed, called *Learning Together – A Cooperative, Learning-based Approach*. The 'simultaneous training transfer design' was also developed, in which what is learnt during each module of the training is immediately transferred to the teaching situation. The cumulative transfer design is another approach where transfer of what is learnt during training is planned after the training has been completed (see Jangira and Ahuja, 1992).

In the course of this exercise UNESCO organized a **sub-regional seminar** workshop in Delhi for 17 participants from nine countries. This provided opportunity for valuable feedback on the use of the teacher education resource pack.

4. The action research project (phase three)

This project was planned to study the effectiveness of the teaching strategies embodied in the version of the UNESCO teacher education resource pack which had been adapted for use in India. Effectiveness has been measured by changes in teacher and pupil attitudes to teaching and learning and to pupil achievement. Twenty-two institutions and organisations from all over India have joined the project, which is expected to develop the skills of teacher educators in encouraging and facilitating the implementation of the new materials and strategies. After a year, the project should become an integral part of the institutions' programme. It is envisaged that the participating institutions will become change agents for the reform of teacher development, trying to ensure that programmes are working towards the effective teaching of all children in the classroom.

i) Training the coordinators

The training for the action research project's coordinators took place over eight days in November-December 1991 at the Regional College of Education, Mysore (see Jangira et al, 1992). Those taking part in the training produced feedback on the course and some specific points emerged:

- the design of this training had improved substantially in the light of feedback from the two previous international workshops. The simulation exercise which involved introducing new modules was particularly useful;
- the training was conducted in English which presented difficulties for some participants. Special strategies were designed to help overcome this, including cartoon-drawing, poster-making, use of conceptual diagrams etc;
- a 'jigsaw' format for group work was developed, to ensure that groups and individuals were able to share ideas within time-limited sessions;
- practice in giving and receiving feedback within simulated collaborative teaching situations

was organised, to ensure that participants were confident in presenting and transacting new training material. This work enabled them to run similar sessions in their own institutions;
- collaborative learning, teaching and problem-solving were effectively demonstrated;
- instructions to course leaders were made fuller, to help them organise and run their work more effectively;
- as part of the course, each institution prepared its own action research proposal for implementation. A schedule of activities was produced and a mid-year review planned. A further workshop to share findings was scheduled for early 1993.

A report was written about the course at Mysore, which was discussed by the participants and the international team working on the dissemination and implementation of the teacher education resource pack.

ii) Progress

The pack has been adapted for use in large schools. The adapted version of the pack included materials and information on designing and carrying out action research in school. This has been piloted in a large school, with teachers working collaboratively to learn teaching strategies from the pack, implementing them in the classroom and evaluating their work, without external input.

A newsletter has been launched, entitled *Effective Schools for All,* which aims to promote interaction between the participating institutions.

A number of tools have been developed and piloted with teachers and pupils, including:

- Pupil Perceptions of Learning/Teaching (Inventory)
- Teacher Attitudes towards Teaching and Learning (Scale).

The adapted resource pack material was sent recently to all the participating institutions with a small financial grant of Rs.3500 ($140) to help meet their expenses.

iii) The future

The TDI project is exciting. It has not only generated a desire to meet special educational needs in the ordinary classroom, but it has also made a significant contribution to the organisation and development of the provision of effective schools for all. It is an exemplar of a child- and learner-centred approach to teaching and learning, one of the goals of the National Policy on Education in India. TDI provides a direction for teacher education reform with built-in mechanisms for what is learnt in training to be transferred to the workplace, influencing directly the learning of the 'end user': the child. The content, process, materials and research output thus far have enriched the experience of the coordinators and the participants. It will continue to do so for many more teacher educators and teachers as they join the initiative.

REVIEWING THE PROJECT

1. Positive outcomes

A number of positive factors have emerged from the TDI experience in India.

1. The teachers have very few reservations about meeting special educational needs in the ordinary classroom, if they are provided with the necessary training and support. This finding supports one of the findings in the 1988 UNESCO study (UNESCO, 1988).
2. The training and development process, and the materials used, encourage the teachers to become more reflective and to be problem-solvers, not just in relation to special needs issues but in all aspects of their work.
3. Simulation exercises which include practice feed-back sessions are invaluable in training the trainers in using the strategies in the resource pack.
4. TDI has motivated teachers and pupils to learn and to take responsibility for their own learning.
5. The action research model for disseminating the pack's innovative approaches is very effective in influencing teacher education. This model is helping to develop centres of excellence which can be used to extend the use of these approaches. It is envisaged that the action-research model will, with time, become more accepted in the school system.
6. The keeping of a daily 'learning' journal makes the teacher more 'alive' as a professional. As s/he reflects on and shares its contents, problem-solving skills develop which can improve teacher effectiveness in the classroom.
7. The teachers have learnt the value and usefulness of collaborative approaches to organisational matters and to teaching. The same spirit of collaboration is then passed on to the pupils, who learn from seeing the benefits of a team approach.
8. Independence in learning develops initiative; this is true for both teachers and pupils.
9. The teachers realise that within the relative inflexibility of the school system they can exercise reasonable autonomy in curriculum delivery, while still achieving the prescribed goals. Transformation of the curriculum by the teachers who deliver it will help achieve the National Policy on Education's goal of effective schools for all children.

2. Problems encountered

In carrying through the innovative TDI to meet special needs in the classroom, there have been some difficult issues and problems to solve.

1. The long, prescriptive and examination-oriented curriculum places demands on teachers which discourage them from innovation and trying to meet the needs of every child in their class. This affected the project, making it difficult for teachers to implement fully the new approaches they were learning. It takes patience and perseverance for the change agent to do this.
2. The most serious barrier to the project has been the attitude of administrators who have insufficient time and patience to learn about and understand its objectives. For such a programme to succeed on a larger scale, a similar training programme would need to be developed for the administrators. Although this project made some progress in persuading the administrators of the value of the work, a more concerted and planned effort is required.
3. Innovative projects like this do not fit easily into the normal system of financial rules and procedures. It was determination and a willingness to take risks that carried the coordinators through the project, not the support of the administrative and financial systems. It would have helped considerably had NCERT had its own financial systems and rules, rather than following those more suited to the bureaucracy of government than research and development projects.
4. The level of competence in spoken and written English varied greatly among trainers as well as teachers. India is multilingual and the language difficulties have been just as great at regional as at national and international level. Spoken and written language had to be modified frequently during training sessions and alternative (often visual) means of communication were introduced.
5. The pedagogical knowledge of both trainers and teachers was of a lower level than anticipated. Consequently, instructions in the materials and the course leaders' guide had to be elaborated upon. The project's work in this area may be of use to other development countries.

6. The coordinators (the authors) had commitments to a number of other programmes and were therefore not able to give hands-on support to colleagues participating in the multi-site action research project. A meeting was organised for participants to share experiences and provide mutual support, but this was not as useful or effective as on-site support.

7. The furniture in most of the classrooms was unsuitable for the varied learning experiences the teachers wished to provide. It was usually heavy or fixed, which meant that it was difficult to adapt the learning environment.

8. The project had one significant flaw: it expected too much, too soon, in the reform of teacher education. Time is crucial. The schools' infrastructure is extensive with over four million teachers in more than half a million schools. Teacher development is the key to the success of the National Policy on Education; the project reflects the urgency of the need to reach as many teachers as possible, as quickly as possible.

3. Advice to others

The advice below is given on the basis of experience and is directed at colleagues working at both national and international level who may be trying to undertake similar work.

1. Involve the school administrators from the outset. Advocacy is crucial at this stage: you need them. Continue to involve them throughout the project.

2. It proved vital to equip teachers in habilitation and rehabilitation skills for working with children with physical disabilities, visual and hearing impairments and learning difficulties. The health and welfare service infrastructure is, at best, inadequate and often non-existent. Often teachers are the only professionals who are available to undertake this work. The message for developing countries is that these skills are essential; this work must be done, before the children can be educated.

3. Check the pedagogical knowledge and language competence levels of teachers and make the necessary modifications in project materials, before launching the project.

4. Do not rely solely on one-off training sessions or courses to disseminate your innovative practice. To help consolidate the training, and for continuity, explore the possibility of using simultaneous training transfer models, perhaps using action research which motivates and sustains the interest of teachers over a longer period of time. The impact will then be more significant. This model can be studied in Jangira and Ahuja, 1992.

5. Practising feedback in simulated situations gives trainers and teachers confidence in using this approach in their daily professional practice.

6. The ability of the education system to meet children's special educational needs relies on teacher education and curriculum development. It is essential to concentrate on teacher development if change is to be effected.

7. Read and reflect not only on the materials, but on the work of the teachers and pupils with whom you are working to transform teaching and learning. Be responsive and supportive. Every problem is an opportunity and a challenge to find new ideas and approaches to improve education for all children.

8. Patience, perseverance and commitment are the keys to the success of any innovation.

CONCLUSION

The authors firmly believe that the approach to teacher development outlined in this paper will help create reflective teachers who adopt problem-solving approaches in the classroom. It will also develop learner-centred teaching. Ultimately, through teacher education and curriculum reform, this approach will facilitate the meeting of special needs within the general school system and ensure that this is accepted practice. The authors hope that this approach, including the materials, will be absorbed into the teacher education system in India with support from the Ministry of Human Resource Development and state governments during the current Five Year Plan. It is the only way to realise the goal of education for all, including those children who have special educational needs.

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6

JAMAICA

Early intervention and education initiatives in rural areas.

by M.J. THORBURN

BACKGROUND

1. History

The programme described in this paper grew directly out of the government-sponsored Early Stimulation Project (ESP) of the Jamaican Council for the Handicapped, which began in 1978. The ESP was established in one of Jamaica's 14 parishes, the parish of St Catherine. Funding the project ran out after just four years, but local parents from the Saint Catherine's Parents' Association for Handicapped Children were determined to keep the spirit of the project alive. They managed to maintain the community clinics and decided to embark on a parent education programme. The Parents' Association applied for a Community Education Grant from the Jamaica-Western New York Partners which was awarded in July 1983. This enabled the Association to run four parent training courses in the parish which were attended by over 50 parents and many other interested people. As a direct result of the courses, the Association expanded, with a rapidly growing membership.

At the Annual General Meeting in August 1984, members agreed that a Community-based Rehabilitation (CBR) Programme should be established. Grant applications to the Christoffel Blinden Mission in Germany for the CBR programme and to the Norwegian Association for the Mentally Retarded for development of the Association were both successful, and 3D Projects began in February 1985.

'3D' stands for 'Dedicated to the Development of the Disabled'. 3D Projects is a CBR programme serving three types of disability: sensory, motor and learning. It has three dimensions: educational, social and economic.

2. What is CBR?

CBR is to traditional rehabilitation as primary health care is to hospital medicine. It comprises several essential features:

i) Clear distinctions are made between the terms "impairment", "disability" and "handicap" (Helander 1984). "Impairment" is reserved for the structural abnormality that occurs in a part of the body, as a result of an injury or disease, eg. loss of a leg. "Disability" is the functional loss or problem resulting from the impairment, eg. difficulty in walking. "Handicap" is the social dysfunction that may result from disability, eg. the inability to go to school or work. Handicaps may frequently occur as the result of an unfavourable environment or attitudes.

ii) The breaking down of rehabilitation strategies into simple tasks, carried out in small steps, accompanied and facilitated by the use of appropriate, simplified literature and aids and appliances, ie. task analysis.

iii) Home programmes carried out by family members of the handicapped person and supervised by community level workers with minimum levels of education.

iv) The site of rehabilitation activities mainly in the home or in community facilities.

v) The expansion of rehabilitation to include not only home training and therapy, but educational and job placements and development of income-generating projects to employ disabled persons and their families.

vi) CBR covers all ages and all disabilities.

3. Organisation

The St Catherine's Parents' Association funds 3D Projects. The Association's executive appointed a Board of Management and 3D Projects was registered under the Companies Act in 1987. Parent training in the neighbouring parish of Clarendon (population 230,000), led to the opening of the first 3D Projects branch, the Clarendon Group for the Disabled, which was registered in 1988 with its own Board of Directors. Since parents in the parishes of Manchester and St Thomas were trained, new parents' organisations have been formed there, and small CBR programmes established. The main 3D Projects office is in Spanish Town, which is 15 miles from Kingston and has a rapidly increasing population of about 100,000.

4. Finance

3D receives support from a variety of agencies covering different aspects of its service. For example, the Norwegian Association partners 3D in parent training and development, while the Christoffel Blinden Mission funds the CBR work. The government's Social and Economic Support Programme funds a Work Experience Programme which provides three months' training for school leavers and adults, followed by placements, in groups of six to eight, with local businesses. The building of an adaptive aids workshop, a puppetry project and income-generating projects for parents and disabled adults have all been assisted by local agencies. The Ministry of Education provides teachers for two classrooms at one of the 3D clinics.

5. Planning

Planning for 3D occurs on three levels. Management is the responsibility of the Board of Directors; policy discussions take place at parent level, ie. via the Associations; and the detail of the work programmes is planned at staff level. There is continuous and open review and evaluation, with everyone involved sharing their ideas, mistakes and successes.

Future plans involve extending 3D to another four parishes over the next five years, with new parents' associations and CBR services. A collaboration with a UNICEF programme for the development of community-based services is also planned.

THE PROJECT

1. An overview

3D Projects is a group of Community-based Rehabilitation (CBR) Programmes. CBR's model of home-based early intervention and rehabilitation includes the following steps:

i) identification of disability

ii) assessment of disability;

iii) assessment of 'handicap' (special needs or problems);

iv) diagnosis of the cause of disability and any medical treatment if necessary;

v) prescription of an intervention or rehabilitation plan;

vi) implementation of the plan in the community;

vii) evaluation of progress.

CBR aims to provide people of all ages with a home-based service appropriate to their needs, delivered by Community Rehabilitation Workers (CRWs). About 30% of children with disabilities in Jamaica need this type of service. In the oldest age group, the main clients are people recovering from strokes.

The parish of St Catherine has a population of 350,000 but when 3D Projects was established, there were only two small schools for children with severe learning difficulties. The most pressing demand was for trained workers and the project's first initiative was the training of eight community workers as home tutors, or community rehabilitation workers (CRWs).

2. Staffing

The staffing structure of 3D is based on the Canadian Manpower Model. It has four levels:

- level one, comprising the CRWs (75% of the programme staff)
- level two, comprising the supervisors (promoted CRWs)
- level three, comprising the professional coordinators, including a doctor, nurses, physiotherapist, social worker and special educationalist. These staff have programme, as well as clinical, responsibilities;
- level four, comprising the director and his/her deputy.

Probably the most important people in 3D are the parents. Most of the CRWs are parents, and 3D is run by the Parents' Associations and their Boards.

The CRWs have all received 12 weeks' training. They spend three and a half days a week in the community and one and a half days undertaking clinic-and office-based activities. The CRWs' main tasks are to identify clients in the community, assess disability and handicap using specific screening questions, attend clinics when their clients have appointments and to take responsibility for implementing the individual programmes in the clients' homes.

3. Training

New CBR programmes have been starting regularly since 1985, so CRW training has been conducted annually and there is an ongoing in-service training programme. In any one year, there is a minimum of one three-week basic training course, and a week's training in each of: Denver Developmental Screening Test, teaching techniques, child-rearing skills, making adaptive aids and basic physical therapy. There are also two weeks of training on Portage[1]. Training in stroke rehabilitation is also available.

More recently, 3D Projects began a training programme to upgrade supervisors and broaden the knowledge and skills of the professional coordinators. The Intermediate Level CBR Training Course is a two-year, part-time course with trainees attending for four days in every month. Of the first cohort of students, 11 have completed the course, with others entering and leaving at various stages.

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[1] The Portage Project is a systematic programme of home teaching, where parents of pre-school children with special educational needs work with a specialist to help teach their children at home.

The Work Experience Project referred to earlier was established a year ago and includes two weeks' training for counsellors and a three-month course for the young people with disabilities. Twenty-four students were enrolled in the original course, and 15 are now employed by four local companies.

Parent training is an important part of 3D's work. There are introductory one-day orientation courses for parents, sessions at parents' meetings, nine-day orientation courses, annual conferences in each of the parishes and leadership training courses every two years. 3D also hosted the Fourth International Portage Conference which was attended by over 120 parents.

4. Research and the development of materials

The development of materials is an essential element of the project. 3D is using some existing materials, such as the Denver Developmental Screening Test and the Jamaica Portage Guide to Early Education. 3D has also adopted modifications of the World Health Organisation (WHO)/ CBR training packs. 3D was actively involved in the International Epidemiological Study on Childhood Disability (IESCD) in 1987-89. This led to a number of developments, including: a new validated screening test; the Ten Questions for assessing disability and handicap; testing of the WHO questionnaire on handicaps; the use of standardised criteria for type and severity of disability; and standardised professional assessment procedures. As a result, 3D Projects' staff are able to carry out consistent, reliable identification and assessment with only a minimum of professional expertise.

Other research has been undertaken on issues relating to parental involvement. There has been a parents' evaluation of CBR, an in-depth study of parent participation and parental attitudes to disability, and the measurement of burden of care. The IESCD also provided 3D Projects with information on the prevalence of childhood disability and the service needs of children, as well as comparative studies of the effectiveness of different approaches to the identification of disability and handicap.

Future research will focus on case studies in other parishes and on adaptations and the evaluation of intervention procedures.

LESSONS LEARNT

1. Problems encountered

i) Staffing

Finding professionals who are willing to work in CBR is difficult and it is even harder to keep them. As a non-profit making, funded organisation, the salaries offered by 3D Projects are necessarily low, and long-term job security is poor. The job descriptions cover an unfamiliar and more challenging set of responsibilities than those for more traditional teaching and clinical posts. Finding parents to become CRWs, however, is not a problem and, once trained, they become highly-motivated workers. Although CRWs are otherwise enthusiastic, many do not like the record-keeping and documentation aspects of the project. Consequently, records tend to be poorly kept and need to be monitored constantly.

ii) Parental and community involvement

Home-based early intervention and CBR depend on parent participation, but it can be difficult to mobilise parents in times of economic stress, a situation Jamaica is currently experiencing. Generating parent support takes considerable time, patience and caring. Although 3D offers parent training, only about 50% of the parents attend.

Not enough attention has been paid to community involvement in 3D Projects. As a result, the local funding base is small, although it is now beginning to grow, albeit slowly. Fundraising is a competitive business and group income-generating initiatives have generally been unsuccessful. The organisation still relies heavily on funds from agencies overseas.

iii) Future directions

Of these problems, staffing and community involvement are the most difficult and persistent; sustaining the financial base of the programme is the most pervasive. As the programme expands to meet growing demand, costs increase and management of the organisation becomes more difficult, requiring better-trained managers.

3D is currently considering whether to become an island-wide network. The alternative is to continue in an initiating and stimulating role, helping to set up new programmes, but then withdrawing to allow other groups to run them and develop them further. Another option is to hand over the project to the government, which may not be able to administer it efficiently, under-finance it and possibly even withdraw if the economic situation worsened. Whatever the outcome, 3D is committed to one goal: to see active parents' organisations in every parish in Jamaica.

2. Advice to others

Those who would like to set up a similar project might find the following guidelines helpful, but it is important to establish that this model is appropriate to the culture and needs of the people who wish to be involved and that it is viable given the existing service provision they enjoy.

The Guidelines

1. There should be strong motivation from a voluntary group to start and maintain a project.
2. It is important to have a defined set of clients in a defined geographical area. If no clients, or just a few , have been identified, a survey of the area may be necessary to determine needs, unless it is possible to obtain referrals from key informants.
3. A planning/management committee is needed, preferably multi-disciplinary, whose members have good knowledge of and contacts with existing services.
4. A project coordinator is essential – a trained and experienced human service professional (health, education, social work, psychology, therapy, etc.) with dedication, competence, organisational and problem-solving skills. This person must provide continuity, supervision, coordination, advice and administration.
5. Field workers should be motivated, stable, patient, emphathetic. And a ratio of one worker to 15 clients would be satisfactory for full-time workers, less if they are part-time.
6. A programme model should be developed which includes methods of detection, assessment, evaluation, programme-planning, curriculum content and teaching.
7. An office is needed, in which to keep records and materials, see clients, meet staff. It must be accessible to the clients via public transport.
8. Materials will be needed – tests, forms, case files, stationery, toys, educational materials, adaptive aids, filing cabinet, records.
9. A budget for stipends, honoraria, travel, materials, typing assistance, training, etc. will be required.
10. Training for supervisors and field staff is crucial. The type and amount of training offered will depend on the model, but there should be at least six weeks' training for field staff and a month for the coordinators, depending on their background.
11. A register and records of clientele must be kept.
12. A back-up referral system of agencies/professionals will be needed to refer or receive referrals.
13. Resource materials – books, films, etc. for training and public awareness are essential.

CONCLUSION

While parents' associations may not be essential in government-supported projects, 3D Projects would never have started or maintained its momentum without them. Parental involvement and participation is essential to the success of early intervention. Certainly it seems more likely that the programme will meet the real needs of the clients, if parents are actively involved in setting priorities, running and monitoring the project. This is essential if parents are to free themselves of the negative attitudes and dependency which usually occur when they have a disabled child. It can result in a positive lifetime commitment to their children.

7

JORDAN

The role of institutions in Community-based Rehabilitation and in Community-based Special Education

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Introduction

This paper takes as its starting point the outreach programme at my school, the Holy Land Institute for the Deaf in Salt, Jordan. The Institute's involvement in Community-based Rehabilitation (CBR) provides the focus for a broader discussion of the potential role of institutions in CBR programmes for and with disabled people, with particular emphasis on deaf children and young people.

BACKGROUND

1.The inspiration

"What are we doing for others?" This was the question asked by the Director of a large school for the Deaf at a workshop on deaf education taking place in 1987, in Cyprus. His school, after a period of turmoil through a Civil War and its aftermath, was now stable and successful. He felt a need to reach outside the school gates, to reach out to others who were unable to enjoy the benefits offered by his school. His comments inspired me as the Director of the Holy Land Institute for the Deaf in Salt, Jordan, to develop the work of my own school. Established in 1964, it was working with 100 deaf children but potentially had the resources to work with more. There were thousands of children in Jordan who still had little or no education and many, many more deaf children and young people across the Arab world with a right to education, but no access to it. The school had had some involvement in the development of CBR programmes since 1982. Prompted by this experience and the Cyprus workshop, the Institute formulated a policy which committed 10% of its budget to outreach activities undertaken as part of the CBR programme. Writing a policy was an important first step, to ensure that the Institute was clear about its aims and the underlying philosophy. From the outset, it was considered essential to avoid an institutional approach to the outreach programme and the policy stated clearly that this initiative was about 'community'.

2. Community-based Rehabilitation (CBR)

One of the first questions that the school had to ask was whether the aim was to **rehabilitate** or **educate**. An emphasis on rehabilitation implies that the aim is to achieve 'normalisation' within a hearing world. Education is part of the process of normalisation but in this context it is not a goal in itself. **Education** of the Deaf, however, aims simply to educate; to develop skills, knowledge and values. Deaf education also promotes equal opportunities for deaf people in the hearing world, but recognises the distinct qualities of local deaf communities as (language) minorities with their own (Deaf) culture. The philosophy of CBR embraces both rehabilitation and education. CBR seeks a democratisation of the provision of services but their implementation is quite different.

Community-based Special Education (CBSE) is a component of, but distinct from, CBR. The concept and practice of CBSE has been developed because if the education of deaf children is placed under CBR, with the emphasis on the ultimate goal of rehabilitation, then deaf children are being educated to be rehabilitated. All over the world, many deaf people, and the professionals who work in deaf education, now believe that it is wrong to try to rehabilitate deaf people, because it implies that deafness is a handicap rather than a feature of a distinct community and culture. If CBR is valued and if democratisation is an agreed aim, then the providers must address the issues that are of concern to the deaf communities.

COMMUNITY-BASED REHABILITATION (SPECIAL EDUCATION)

1. Introducing CBSE

Community-based Rehabilitation (Special Education), or CBSE, is an approach to the provision of services for disabled people within their local community which involves the community in a spirit of partnership and cooperation. The view is that if the disabled people are handicapped within the community, then that community is handicapped.

This approach is about developing a sensitivity to the needs of disabled people in a community and the nature of their handicap(s). Once needs have been recognised, a major input is expected from the community in meeting those needs through the provision of relevant services. This input is required at all levels and stages, from policy-making to implementation and review. The 'community' includes the potential users of the services, which makes the democratisation process more complete. Another important feature of the process is that communities are empowered to say 'no' to help offered from outside when it has not been requested; independence and self-sufficiency are encouraged, with services being developed primarily at grassroots level.

2. CBR Resources

The most important resource for CBR activities is the local community, within which lie the people, the institutions, the materials and the money which enable CBR to function and grow.

i) Human resources:

- the target group ie. the disabled people themselves
- parents, extended family, peers
- professional people working in the community, including doctors, nurses and teachers
- other people in the community, including business people, students, etc.

ii) Institutional resources:

- local schools
- health clinics
- clubs and societies.

iii) Materials:

- local businesses
- local natural resources.

iv) Financial resources:

- family and peers
- local benefactors.

v) Government services:

These are also part of the local community and as such can provide resources in areas of service provision, including health, education and social services.

vi) United Nations Relief and Works Agency for Palestine Refugees (UNRWA):

In Jordan, UNRWA functions as a semi-governmental agency. Its local offices and facilities are very much part of the communities in which they are located.

3. CBR and Institutions

Local communities with small populations are generally unable to support a hospital, college or university. However pooling resources at regional level ensures that these and other specialist organisations are available for use by the contributing communities if and when they are needed. Special schools and centres for the handicapped are particularly important in CBR and should be seen as resources by the communities they serve. There has been a tendency to see such institutions as being irrelevant to CBR programmes. It is vital that their role is considered and their resources used to help CBR activities. As specialist agencies with a concentration of knowledge and expertise, they should be encouraged to serve a wider community.

INSTITUTIONS

1. Changing roles

'Institutions' in this instance refers to those establishments which provide direct health, education or social services within a defined catchment area. They have a limited advocacy and awareness-raising role in relation to highlighting the needs and rights of disabled people in their catchment area. The emphasis of their activities is often, however, on the direct needs of their particular institution and its immediate 'clients'. They are institution-oriented.

This paper argues that these institutions should be more outward-looking and in particular that they should undertake to:

- educate society on its role in preventing those of its members with disabilities from being 'handicapped' by those disabilities;
- develop a greater awareness in society of the presence and special needs of disabled people;
- expose society to the potential of disabled people, as well as their needs;
- educate society on its role in the provision of services for its disabled members.

In order for the institutions to develop a role in CBR, they will need to aim to:

- extend their activities by providing services for disabled children in the local communities (where they are most needed), mobilising local human and physical resources as much as possible;
- invite and encourage the involvement of disabled people in the provision of these services.

Such an approach would enable the institutions to become facilitators for community-based services, thereby assuming a role within the community which would enable them to share their resources and expertise. Provided the work of the institutions is of high quality, they can dramatically improve the service provision in the surrounding communities. With one exception, the CBR services in some 20 developing countries have all been established only after the identification of an existing special school or centre which could serve as a base and resource centre for the CBR programme. Where no such institution existed, the CBR programme was established only following the opening of a new school or centre. The one exception is in Gaza, where there are serious problems in running CBR because there is no resource centre and therefore no nucleus of professionals. The Holy Land Institute, together with colleagues from other institutions, is trying to help meet this need. More institutions are needed, more must become involved, if CBR programmes are to expand and progress in developing countries.

2. Rethinking the patterns of provision: institutions as CBR resource centres

The institutions are actively engaged in the provision of services. They bring groups of disabled children, young people or adults to an institution where resources and expertise are located: provision is centralised. The CBR philosophy advocates reversing this policy and encouraging the institutions to move to the clients. The ideal would be to have movement both ways, with the institutions running outreach services in local communities where it was feasible to do so, and clients travelling in to the institutions for the special services that still could not be provided locally.

The institutions can assist the development of local provision in a number of ways.

i).Awareness raising

Local communities often lack the necessary awareness of and sensitivity to the special needs of particular groups of people. The institutions can educate communities about the special needs of its disabled members.

ii) Empowerment

Any community that embarks on a community development programme and seeks to democratise the provision of services will discover that it needs to be empowered. The institutions have a useful status within the system, which can assist a community in establishing both a voice and a power-base from which it can begin to develop. In some cases, the institutions themselves will need to be persuaded to listen to the local community and to recognise that sometimes local solutions may be better than their own.

iii) Confidence building

Local communities will develop more self-confidence when they know that their views are respected and supported by the institutions which they perceive to be seats of learning and expertise. This is true whether 'local community' denotes a group of concerned parents, a self-help group of, say, deaf people or a neighbourhood action group. Self-confidence can make all the difference to the success of such groups and the institutions can help in fostering a sense of self-worth amongst their members and local communities.

iv) Training

The institutions, including special schools, have the resources to train teachers and rehabilitation workers. General management training and more specialist training in particular areas of special need, are always in demand, and the institutions could make their training resources available to those outside the professions who needed them.

v) Identity

Institutions such as schools often provide children and young people with a sense of identity, and this is usually even more the case for disabled children and young people. Their school is an unrivalled source of friendship and support, and makes them feel part of something important. This happens frequently in the education of deaf children and the schools, especially if they are boarding schools, become transmitters of Deaf culture, reinforcing the identity of deaf people as a group. This sense of belonging enhances their self-confidence, and thus their ability to function within both the deaf and the wider community.
The role of the institutions in developing 'identity' is an interesting one. The strongest resistance to integration comes from the deaf communities precisely because they feel it will undermine their identity and culture. It remains to be seen how the institutions might resolve this tension.

vi) Role models

The institutions provide a role model in several ways. In working with disabled children and young people who are often marginalised by society, schools show that these children are valued and worth educating. Schools also give disabled young people the means to succeed and that success can help them to assume central roles in society, rather than staying on the fringes. This encourages others to believe in the value of educating and training disabled young people. However, more locally-based initiatives may lack money and resources. It should be incumbent upon the institutions to encourage these initiatives and to help the organisers attain a realistic level of resourcing for their project, while ensuring that any feelings of inadequacy are minimised. A child–and community-centred approach is the key to CBR work, and the institutions should support this.

vii) Specialist human resources

Community programmes are usually under-resourced and have no money, especially when they are first established. They often cannot locate specialists to help deliver their programmes and even if the specialists are available, they are often too expensive. Larger institutions may be in a position either to train more people and/or to second specialists to work as part of a community programme.

viii) Disabled people as a resource

It is strange that so few disabled people themselves are invited to become actively involved in the provision of services for their peers. The support necessary to enable them to do this is rarely available. But they are among those best placed to work with disabled people, as they have expertise based on experience. It makes sense to show confidence in and give responsibility to those who have been trained and educated to reach their full potential. Thus, disabled people should be involved not just as beneficiaries but as benefactors, helpers and supporters. They should be employed in appropriate jobs, participating fully in the provision of services to disabled people.

3. Advantages of the link between institutions and other CBR services

Involvement in a CBR programme can benefit institutions by counteracting some of the problems they encounter. Some examples of these are given below.

i) Isolation

Institutions can easily become 'asylums' where 'different' people are isolated from the mainstream of life. An open-door policy towards the local community and involvement in community-based programmes can help to counter this tendency.

ii) Control

The very nature of institutions leads them to exercise a measure of control over their 'clients' lives, which can inhibit their development and stop them reaching their full potential. A commitment to CBR work with its attendant principles of democratisation and empowerment can help institutions to be more aware of the potential dangers of 'institutionalising' lives.

iii) Rigidity

Once institutions have established a structure and successful ways of working, they can become very rigid in their adherence to these 'proven' approaches.

They are confident about their policies and strategies to the exclusion of new ideas and are concerned primarily with continuity. Working in CBR encourages flexible thinking and can foster an openness to new ideas. Institutions involved in CBR are more likely to change and experiment, an approach which will ultimately be of benefit to their clients.

iv) Financial

Most institutions could serve more people, without incurring too much extra expense, by using their expertise, equipment and materials more intensively and effectively. Many institutions have limited financial resources and could not envisage expansion of their organisation. However, CBR programmes are a cost-effective way for institutions to reach more people, as the CBR services generally cost less per head than those provided on-site at an institution. This means that MORE can be done, more children, young people and adults can be reached, with proportionally LESS money. CBR enables more people to be reached within the limited resources available.

THE HOLY LAND INSTITUTE FOR THE DEAF: ONE EXAMPLE

1. Initial involvement

The Holy Land Institute for the Deaf entered a CBR programme in 1982/3. It put its resources at the disposal of the community centres which were developing within the refugee camps. The Institute initially became involved in a wide range of activities that had little or nothing to do with deaf education because the community with which it had chosen to work had different priorities. The Institute chose to work with the community on its priorities but slowly introduced the idea of developing services for the Deaf.
The Institute's work included:

- the provision of wheelchairs and braces;
- helping develop services for physically disabled people;
- developing special education units for children with learning difficulties.

If the Institute was unable to help, it was always honest about its limitations. It always shared responsibility with the community, mobilising local forces whenever possible. The Institute benefited because the staff learnt to think outwards from the Institute and to consider other forms of service provision.
The community with which the Institute was working received encouragement, gained respect and grew in self-confidence.

Since the partnership began, two larger local organisations have been drawn into the CBR programme, seconding specialists to the projects. The first to become involved was The King Hussein Society for the Welfare of Physically Disabled People which, as a resource centre, provides a specialist to coordinate the physiotherapy, occupational therapy, parent training, staff training, educational equipment and materials and so on. More recently, the Swedish organisation for Individual Relief was recruited. It runs the "Swedish Home", a large school for children with severe learning difficulties. Through a specialist seconded to the community programme, it provides staff development, parent training and materials. Occasional support is received from several other local institutions.

2. Training

The Holy Land Institute for the Deaf runs in-service training for teachers of the Deaf. It holds weekly sessions at the Institute for teachers from the community programmes as well as the schools. Many of the trainees are involved in CBR work on a voluntary basis and turnover is high, which can make it difficult to achieve good results. However, many people receive at least a rudimentary training, developing a greater awareness of the needs of disabled people. The training programme has grown to include trainees from several other Arab countries.

Weekly visits are made to all the staff in the community centres to discuss their problems, undertake centre-based in-service training and to help plan lessons and activities.

3. Financial considerations

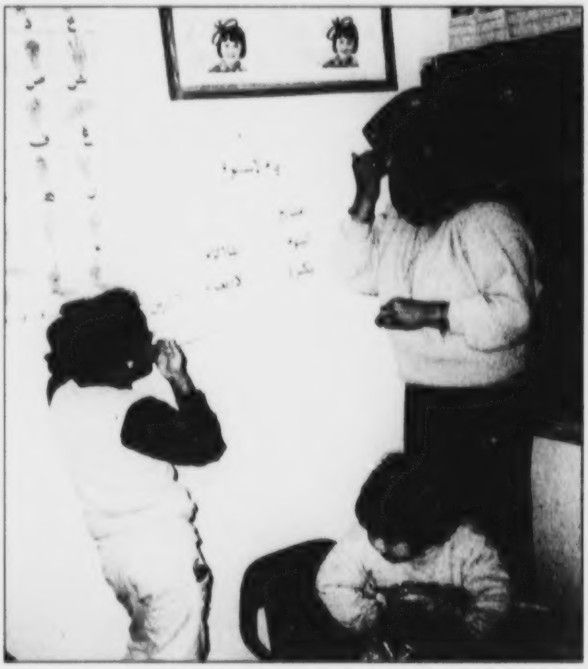
The Holy Land Institute has 130 students from kindergarten through preparatory school to vocational training. The cost per head for each student is approximately US$ 150 a month. The Institute is currently also educating about 75 deaf children in units established in CBR centres in five refugee camps. This programme employs two full-time staff (with transport) and is provided with some special equipment. The other staff are volunteers. The cost per student is approximately US$ 10 a month. It is envisaged that some of these deaf children will shortly be moving to local mainstream schools where they will be integrated on an individual basis or placed in 'units' within a school, to enjoy an education like any other child.

This integration is planned for three camps. The special classes, or 'units' will be staffed by teachers from the mainstream schools of which they are part. The Institute will initially provide extra funding for staffing, but aims to withdraw once the units are established; support for training and technical resources will continue. More units in mainstream village schools are planned for 1993. Some of the students will remain in the CBR centres because they have difficulties in integrating them in the mainstream –eg. those with complex/multiple disabilities. Specialist staff for these students will be provided by the Institute, with additional help from voluntary staff from the local communities. In total, the Institute will provide a coordinator, two peripatetic teachers (trainers) and perhaps one or two full-time staff to assist where there are, as yet, no teachers available. Apart from the costs of transport, there are few of the overhead expenses which make institutionalised provision so expensive. The cost per student in these integration programmes is expected to be no more than US$ 25 a month. It is calculated that the full implementation of a Community Based Special Education programme would be no more than 30% of the cost of providing institution-based education for the same number of students.

Integration, or 'mainstreaming' of individuals is also cheaper in the long run, although initial costs may be higher because of the need for high staffing levels, the difficulties in placing volunteer staff in specialist roles without training and the need for parent training.

4. Deaf people as partners

There is a strong and active deaf community in and around the Institute in Salt, Jordan. Of the staff, 20% are deaf. They are qualified (many having graduated from the Institute) and have a greater understanding of the deaf children's needs than their hearing colleagues. They include vocational training instructors, office assistants and classroom assistants. As yet, the Institute does not have deaf qualified teachers, which is a longer-term aim. The deaf people on the staff are the 'carriers' of the local Deaf culture. As successful young deaf people, they are role models encouraging the deaf students and their parents and families and by showing that deaf people can succeed.



PROBLEMS ENCOUNTERED

Some of the problems inherent in the development of a CBR profile for a special school or institute have already been outlined. The most problematic areas are outlined below.

1. Attitude

One of the great dangers accompanying the involvement of a school or institution in a CBR programme is that the community can perceive the organisation as omnipotent. The community can come to rely more, rather than less, on its local institutions, and can become more dependent on the institutions' services rather than developing its own.

2. Patterns of provision

Many potential CBR workers have training and/or work experience in the institutional provision of education and/or care. Some have become used to institution-oriented thinking and find it difficult to consider alternative patterns of provision, the concept at the heart of CBR.

3. Partnership

CBR is development-oriented and operates on the basis of partnership. Traditionally, special schools and institutions have been service providers, the specialist benefactors providing help for disabled children and/or adults, the beneficiaries. This is a charity-oriented approach and a major problem for CBR is to re-educate both the benefactors and the beneficiaries to adopt a development approach. Training is essential and progress is being made in this area with those directly involved as providers and/or clients, but to convince those in positions of authority, the decision-makers, is difficult. They too need training to become development – rather than charity – oriented in their thinking about services for disabled people.

CONCLUSION

The Holy Land Institute for the Deaf has been enriched by its involvement in outreach work. The programme has been a valuable experience for all its staff, and has benefited a large number of deaf children, and their families and local communities. The Institute hopes that other institutions will be inspired and motivated to develop outreach programmes. All institutions have the opportunity to extend their responsibilities beyond their gates into their local communities. They can serve those communities better by becoming involved in CBR (CBSE) activities, working in partnership with the disabled and non-disabled members of those communities to reach the thousands who are still deprived of the opportunity to develop, to learn and to participate. This can be achieved if the institutions rethink patterns of provision in partnership with local deaf people and the wider community. It can be done. It must be done.

8

JORDAN

The Resource Room at the Amman National School

by HALA T. IBRAHIM

Introduction

The Resource Room at the Amman National School in Amman, Jordan, is one school's answer to meeting the special educational needs of its students with learning difficulties. The Resource Room is a separate class, but the students who attend are members of an ordinary class, and are withdrawn only when necessary. This paper outlines the underlying philosophy of the Resource Room, its role within the school and how it functions on a day-to-day basis.

BACKGROUND

1. The school

The Amman National School is a small, private school which opened in 1985. It has approximately 600 students; 100 in the kindergarten and 500 from grades one to ten. Each grade has two classes with 25-29 students in each class. The school continues to expand.

Since the school opened, it has operated a principle of open access, so students are not selected on the basis of ability. The school's principal believes strongly that a school should reflect, and be representative of, society. This policy means that the students in the school are of mixed ability. The school tried to find teaching methods which would help staff meet the needs of all the students, but some of the students were still unable to cope with the standard curriculum for their grade.

2. Organisation and Finance

In the school year 1989-90, the school accepted an offer of help from a special education teacher who came to work in the school and subsequently set up the Resource Room. The Resource Room was initially responsible for five students. The following year, the teacher left, and two other teachers were taken on to work with seven students in the Resource Room. At present, the school employs three teachers to work there with eleven students who have learning difficulties. There are currently six children in the school with hearing or visual impairments. They are fully integrated into ordinary classes and receive no support from the Resource Room.

The school set up the Resource Room on its own initiative and does not receive any financial support from the government or any other organisation. When it first opened, parents of students attending the Resource Room paid the same fees as the other parents. However, the cost of running the Resource Room is high, and could not be maintained without additional income. Consequently, it was necessary to increase fees for the students with learning difficulties. Despite the increased fees, the Resource Room is still heavily subsidised by the school.

3. Rationale

The school believes in the integration of students with special educational needs but has been unable to meet the needs of some of these students in the ordinary class. There are two factors which contribute to this.

1. All schools must, by law, teach the National Curriculum. There is no flexibility in how this is delivered. It is very full, and teachers find it difficult to complete the programmes of study with their students.
2. Not all teachers are able to teach students who have special educational needs. Some teachers manage to adapt sufficiently well to meet the needs of students with mild learning difficulties, but when they have a student whose level of functioning is much lower than the rest of the class, they are unable to cope. Since the school believes that it should provide these students with a full education, it opened the Resource Room, where they are able to study the main academic subjects at their own level.

THE RESOURCE ROOM

1. The students

i) A range of special educational needs

There are currently eleven students attending the Resource Room, ranging in age from first to tenth grade. Some have mild or moderate learning difficulties; a few having more severe learning difficulties. Two of the students also have cerebral palsy, one has scotopic sensitivity syndrome and two have behavioural difficulties.

ii) Selection of students

When a teacher feels she has a student she is unable to help academically, she refers the student to the school's instructional supervisor who assesses the student's abilities and level of attainment. The supervisor, the teacher and the school principal then discuss whether the student would benefit from attending the Resource Room. If they decide that the student would gain more from staying in his/her class, then the teacher(s) concerned will be given guidance on how to help the student. If, on the other hand, the team agrees that the student should attend the Resource Room, they meet with his/her parent(s) who must give their consent. Occasionally, parents choose not to allow their child to attend the Resource Room *(See Problems encountered, page 58).*

The school believes that students with special educational needs should be enrolled in an ordinary class in the correct grade for their age. The school aims to ensure that these students are with the ordinary class as much as possible, and they are withdrawn only when necessary.

2. The teachers

There are three full-time teachers in the Resource Room. One teaches mathematics and science, one teaches Arabic language and provides support for social and religious studies and one is responsible for sensory and fine motor skills development as well as teaching mathematics and language to the younger students.

Two of the teachers were trained in school by the instructional supervisor, who has a master's degree in special education. During their first year, the supervisor provided a considerable level of training input, but by the second year, his role was more supervisory. There were regular meetings to discuss the teachers' work including their development of learning and behavioural programmes, projects etc. In this, the third year, it has only been necessary to hold meetings at the beginning and end of each term to discuss these areas, with other occasional meetings arranged to address issues as the need has arisen. A third teacher joined the staff this year. She has a degree in special education but little relevant teaching experience, and she has needed guidance in how to apply her theoretical knowledge in the classroom.

3. Teaching and learning in the Resource Room

Each student in the Resource Room is there on a withdrawal basis. Usually, those from first to fourth grade are withdrawn from Arabic and mathematics, and those from fifth grade to tenth grade may also be withdrawn from science. The total number of lesson periods a student spends in the Resource Room will depend on his/her needs in specific subject areas and any other instruction s/he receives. For example, one of the younger students may have a total of 14 periods in the Resource Room covering tuition in Arabic, mathematics and fine motor and sensory skills. An older student coming for 18 periods will learn Arabic, mathematics and science and will receive support for social and religious studies which s/he learns in the ordinary class.

When the student first comes to the Resource Room, there is a period of assessment to identify his/her strengths and weaknesses, both academically and behaviourally. An instructional programme is then created to meet his/her specific needs (an individual learning programme). Every semester (or school term), the student is set specific objectives in each subject area. When the objective is achieved, it is recorded, and new objectives are added. Each student has a separate file which includes details of his/her individual learning programme.

For assessment purposes, the Resource Room students have the same report cards as the other students. They are assessed according to their own achievements and efforts and not in relation to their peers. However, there are grades which have to be registered officially with the government. For these, the students are given a 'pass' with a note indicating that they are a special student. Thus, a student will move up a grade each year, even though s/he is not completing the National Curriculum. This is one of the first concessions the government has made to students with special educational needs.

There are five key principles upon which teaching in the Resource Room is based.

1. What is being taught is 'task analysed' in order to ensure that there is gradual movement from simple to more complex tasks.

2. The same applies to the teaching of concepts, which are taught first with tangible, concrete examples, gradually moving on to the abstract.

3. All areas of learning are integrated and applied to the skills of daily living. This is achieved through setting a project in which each student participates at his/her own level. One or two periods a week are allocated to work on the project, which may last from two to eight weeks.

4. The student is returned to the ordinary class whenever possible. For example, one student attended the Resource Room only for mathematics tuition. During her third year, she was integrated back into her ordinary class for mathematics, receiving assistance from the Resource Room teacher when she needed it. Now, the only extra support she receives is from a tutor who visits her at home twice a week.

5. All students are helped to learn non-academic skills through project work, which is mostly crafts-based and might include carpet-making, embroidery or painting. The student decides, with the help of the teacher, which skills s/he is interested in developing through the individual project work. The student is allowed to spend time on the project when other assigned work has been completed satisfactorily.

4. How the Resource Room is arranged

The Resource Room is divided into discrete areas where different aspects of the programme are taught. There are individual desks near the blackboard, and a large table for group work. The younger students sit at the two smaller tables. There is a carpeted area for reading and playing educational games. There is also a 'solitary corner' for those who need to work alone at times and for 'time out' sessions if they are needed.

5. The Resource Room and how it relates to the rest of the school

At the start of every school year, all the teachers in the school receive information about the students with special educational needs, whether they have health problems, visual or hearing impairment or learning difficulties. The teachers in the Resource Room know their students well, and are a good source of information for the other teachers who may need to know about a student's behaviour, personal development or academic ability. The Resource Room staff have an important role in explaining to the other teachers what can be expected of the students with learning difficulties.

The relationship of Resource Room teachers with the first to fourth grade class teachers has generally been better than that with the subject teachers from fifth to tenth grade. With the latter, more monitoring and follow-up is needed, particularly over issues like how much homework is given, encouraging participation in class and the need to prepare separate tests for the special needs students. Many of the class and subject teachers are cooperative, although new teachers need support. Those teachers who took a UNESCO course on special needs in the classroom have been especially willing to work with their Resource Room colleagues. They now have some understanding of the children's needs and are therefore happier to try new approaches. This highlights the importance of training for mainstream teachers in special educational needs.

6. Parental involvement

The decision to withdraw a student to the Resource Room is taken only with the full agreement of the parents. Once a student has joined the Resource Room, the initial assessments have been made, and learning and behavioural objectives have been set, the parents visit the school to meet the teachers. The teachers explain to the parents what their child will be learning and what progress they should expect. Parental support for the child is also discussed to help parents provide follow-up assistance at home. If parents have any specific problems in dealing with their child, guidance is offered. After this meeting, the parents are treated in the same way as parents of children not attending the Resource Room. That is, they attend parent-teacher conferences and are asked to the school only when a specific problem arises.

LESSONS LEARNT

1. Problems encountered

i) Parents

Parents are not always willing to recognise that their child has learning difficulties and/or do not really understand the nature of the problem. Sometimes the parents refuse to take the school's advice, either removing their child from the school, or employing home tutors to provide extra tuition. In one case, where another school insisted on a child repeating grades with no visible signs of progress, the parents returned with their child to the Amman School requesting a place in the Resource Room.There are some parents who continue to expect too much of their child. This exerts unnecessary pressure on the child and can cause more problems. There are also some parents who do not help their child at home, which can inhibit progress.

ii) Teachers

Teachers who are new to the school often object to having a student with special educational needs in their class. Often this is because they do not understand the needs of these students and simply do not know what to do. The philosophy of the school, together with the help of experienced teachers, can bring about changes in attitude, but this often takes some considerable time. The school takes seriously its responsibility to change attitudes and put into practice its theories on integration throughout the school.

The Resource Room teachers object to the fact that the other teachers view their work with a small number of students in the Resource Room as being easier than teaching a full class. The other teachers do not realise how demanding and time-consuming the work is. To help combat this 'image' problem, the Resource Room staff gave a presentation at a staff meeting where they talked about their work and what it involves.

If a teacher leaves the Resource Room, it is inevitably difficult to recruit a replacement. There is no government training for teachers of children with learning difficulties, and therefore new staff have to be trained in school, on the job. This is a slow process and affects the progress of work in the Resource Room.

iii) Students with emotional and behavioural difficulties

There have only been a few students at the school with emotional and behavioural difficulties, but they have presented the most problems for the staff, owing to their disruptive behaviour in class. The school lacks expertise in how to work with these children and does not have access to specialist advice, which makes it difficult for the staff to work successfully with them.

iv) The Resource Room timetable

Withdrawal of students from ordinary lessons makes timetabling for the Resource Room very difficult. The students who can be grouped together do not always visit the Resource Room at the same time. It is easier to group with grades one to four because the ordinary class timetables are more flexible. It is much harder to arrange for students from the fifth grade upwards to attend the Resource Room together and therefore organising groupwork for them is a major problem.

Sometimes there are too many students in the Resource Room, with all three teachers teaching at the same time. This is distracting and makes learning difficult.

Again, because students span the whole age and ability range, one teacher may have to teach a group of students who are from different grades and working at different levels. The older students do not like to be in the same class as the younger students. Additional space would solve this and one or two of the other problems.

v) Instructional materials

Educational games and craft materials are provided by the school. However, instructional programmes and materials are designed and made by the teachers. Very little is available in Arabic, so the teachers use foreign resources which have to be translated and adapted. This is very time-consuming.

vi) Demand for places

As only a handful of schools have attempted to work positively with their students who have special educational needs, there are many parents who would like their children to attend the Resource Room at the

Amman National School. The school receives many more applications than it can accept. Students with special needs are only enrolled at the school if there is a place in an ordinary class in the grade appropriate to their age and if there is a place in the Resource Room.

The Ministry of Education has now begun to acknowledge the special educational needs of some students, but it has not yet ruled that other schools should provide for these students. Neither has the Ministry developed training to equip teachers to work with students with special educational needs.

2. Positive outcomes

A clear philosophy of integration and acceptance of students with different abilities encourages the teachers to accept a wider range of differences between students. For example, when two students who would be attending the Resource Room arrived at the Amman National School, they were taught in their ordinary classes on a full-time basis for the first few weeks to allow them time to adjust to their new school. Both class teachers decided that, contrary to the assessment of staff in the students' previous schools, the students were not 'failures' and could be taught in class full-time without being withdrawn to the Resource Room. The students are now fully integrated in their classes.

This supportive environment affects the students too. When students observe that their teachers are accepting and supportive of those who could be termed 'different', they too become more accepting. The students encourage, help and interact socially with their peers who have learning difficulties. There are many examples of the school's success in integrating these students.

One example is that of a tenth-grader with cerebral palsy who has been at the school for three years. Her class was enjoying a basketball match when students from another school began making fun of her, and of her classmates for being with her. It was testimony to the Amman School's work that her friends leapt to her defence, mocking the others for not knowing better and being unable to accept someone 'different'.

Being in such an atmosphere helps to build the self-confidence of the students, something the parents always notice. Understandably, the children attending the Resource Room sometimes wish they did not need to, but they *enjoy* going because they can achieve there and feel that they are really learning something. They also have teachers who listen to them and support them.

CONCLUSION

Despite the problems encountered in running the Resource Room, the positive outcomes far outweigh the difficulties. Since the Amman National School established its Resource Room, two other private schools have undertaken similar projects. The Ministry of Education has also begun to recognise that there should be some provision for children with special educational needs. The Resource Room model does not necessarily provide the "best" way of educating students with learning difficulties but it is one school's attempt to find a feasible, workable solution within the difficult circumstances which face educational establishments in Jordan.

The success of the Resource Room at Amman National School may be partly attributable to the fact that it began on a small scale and has developed gradually. An important next step could be the bringing together of others working on similar projects to share their experiences, to learn from each other and to plan for the future.

9

NETHERLANDS

Individual integration of children with Down's Syndrome in ordinary schools

by TRIJNTJE DE WIT–GOSKER

Introduction

This paper demonstrates what can happen when parents and teachers join forces to lobby for change.

The Vereniging voor een ge Integreerde op voeding van Mongoloïde Kinderen (Association for the Integration of Mongoloid Children) grew from an initial meeting of a small group of parents of children with Down's Syndrome. Some of the children were attending mainstream nursery schools and the parents wanted to challenge a system which prevented their children from transfering to a mainstream primary school, the requirement being that they enrol instead at a special school.

In June 1986, these parents and supportive local primary school teachers formed the Vereniging voor een ge Integreerde op voeding van Mongoloïde Kinderen (the VIM) to lobby for the support and integration of children with Down's Syndrome into mainstream education. Six years later, in June 1992, the VIM had grown to a membership of 340 families and 194 primary schools.

The VIM argues for better state support for integrated education, lobbying the Dutch Ministry of Education for extra resources. It organises training for teachers and parents, and has an advocacy role in promoting the views of its members to educationalists, policy makers and the general public.

THE VIM AS AN ASSOCIATION

1. Historical and political context

In the years immediately preceding the forming of the VIM, the education of a child with Down's Syndrome in the Netherlands was clearly mapped through an established system of special care and education. The normal route was from a special day-care centre, to a special school, and then on to a place in a sheltered workshop or a day-care centre for adults. Very occasionally, children with Down's Syndrome were given a place at a mainstream nursery school, but the system prevented any child with Down's Syndrome from attending a mainstream primary school.

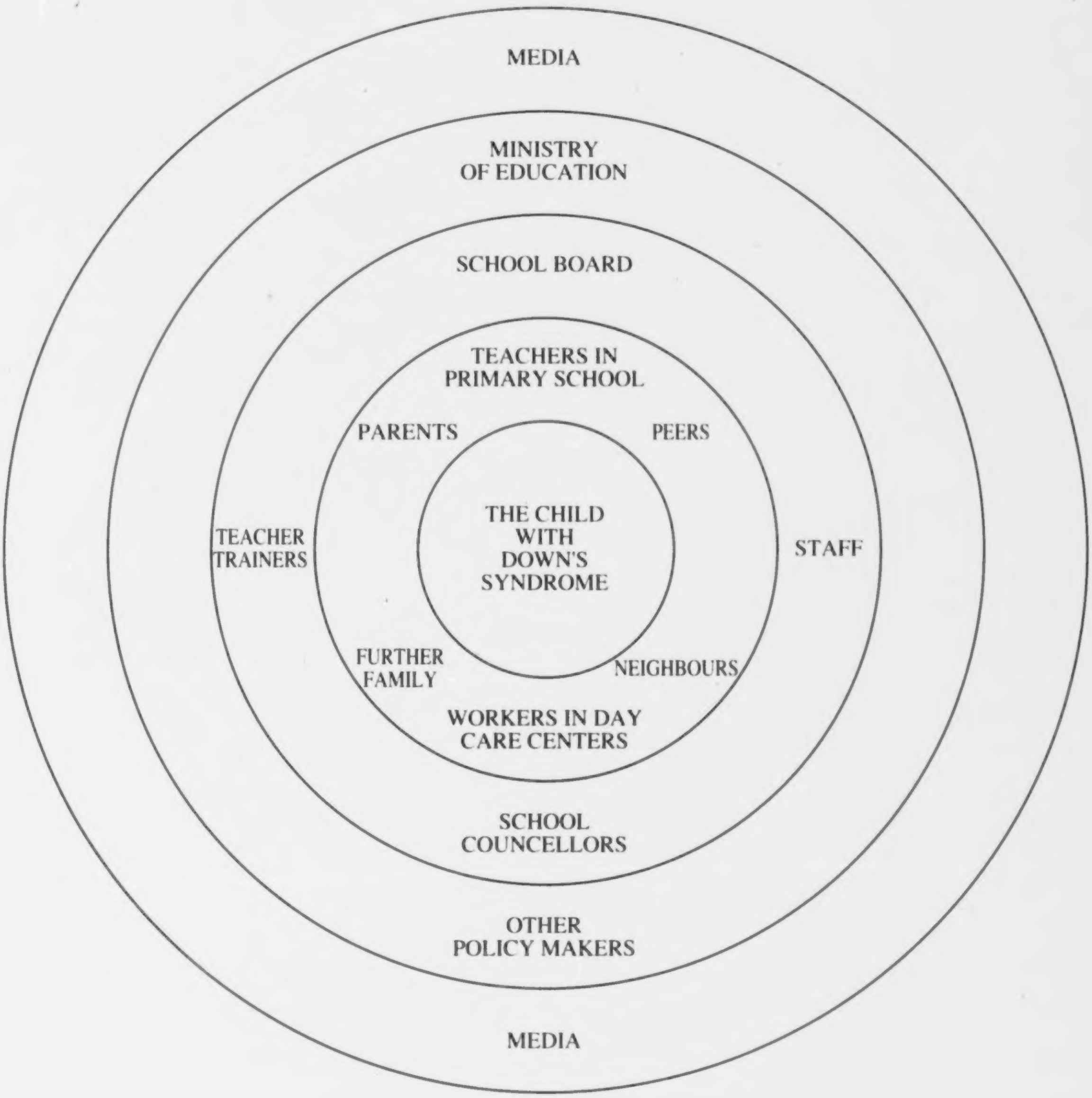
Some parents of children with Down's Syndrome were not satisfied with the existing provision which segregated their children. They wanted their children to be integrated into mainstream day-care and schooling, with the possibility of proper employment and a full life as part of the community when they reached adulthood.

However, in August 1985, an Education Act was passed which merged existing nursery schools and primary schools to create new primary schools for 4-12 year olds. This was seen as a breakthrough for parents of children with Down's Syndrome whose children were already attending nursery school. Transfer at the end of nursery school was no longer necessary, as the nursery now formed part of the primary school. Consequently, the onus was now on the school to explain why a child with Down's Syndrome should be dismissed rather than continue his or her education in the same school.

A core group of parents invited teachers at their local primary schools to discuss the implications of their children attending mainstream primary schools, including the need for in-service training for the staff and extra school-based resources. This meeting led to the formation of the VIM, which runs the project: "Individual Integration of Children with Down's Syndrome in Ordinary Schools."

2. Organisation and Finance

The VIM is a national association based in Utrecht, where it was founded. It works for its membership and is therefore active wherever it has members. It works in partnership with the Seminarium voor Orthopedagogiek, a training college for special education, which is also based in Utrecht and runs study days and courses throughout the Netherlands.


MEDIA
MINISTRY OF EDUCATION
SCHOOL BOARD
TEACHERS IN PRIMARY SCHOOL
PARENTS
PEERS
TEACHER TRAINERS
THE CHILD WITH DOWN'S SYNDROME
STAFF
FURTHER FAMILY
NEIGHBOURS
WORKERS IN DAY CARE CENTERS
SCHOOL COUNCELLORS
OTHER POLICY MAKERS
MEDIA

The integration project looks like this, operating within society and interacting dynamically with it.

The VIM's project for placing children with Down's Syndrome in mainstream schools is supported financially by the Dutch Ministry for Education through the provision of support teachers for every school which enrols a pupil with Down's Syndrome. Funding for the administrative costs of the VIM is more difficult to obtain. The VIM is the first joint association for parents *and* teachers in the Netherlands and it would appear that the normal sources of funding for parents' organisations and teachers' organisations are not available. The VIM currently survives on the voluntary input of parents and teachers, occasional gifts and project funding.

For example, the Ministry of Education has also taken financial responsibility for one particular VIM project, the "Support Schools Project", which began in 1989. This funding has greatly enhanced the development of the project at regional level. Four primary schools in any one region are allocated four extra hours of staff time in a week, to support other primary schools in their region which have a pupil with Down's Syndrome. This project is coordinated by the Seminarium voor Orthopedagogiek which also receives four hours of staff time per week for the running of the project.

Meanwhile, the VIM continues to explore potential sources of funding with the government and various agencies such as the Federation of Parents' Organisations.

3. The partners

The integration project initiated by the VIM currently involves the following groups in *active* roles:

- parents of children with Down's Syndrome
- teams of teachers in primary schools with one or more pupils with Down's Syndrome
- teams of workers in mainstream day-care centres with a child with Downs's Syndrome
- the Seminarium voor Orthopedagogiek (Institute for follow-up training for Special Education)
- the Ministry of Education
- Dutch Federation of Parents' Organisations (specific aspects of the project only).

The integration project looks like this, operating within society and interacting dynamically with it. (See diagram)

A major task for the immediate future is to involve more organisations in the project and the VIM is working hard to achieve this. The VIM is especially keen to involve:

- the Ministry of Public Health and Culture and the Federation of Parents' Organisations (both for financial support)
- teams of teachers from schools for children with learning difficulties (to work with teachers from mainstream schools)
- specialists from the schools' advisory services (eg. educational psychologists) to provide school-based assistance to primary schools.

INTEGRATION PROJECT

1. The VIM's view of integration

Parents of children with Down's Syndrome are not denying that their children have a disability when they argue for integration. They recognise that much has already been achieved through the special education system but feel that it is time to take the next step and to explore what people with disabilities can achieve in our society.

The VIM is concerned with the integration of people with Down's Syndrome, not with the condition itself. It is not interested in promoting claims about the 'exceptional' qualities of children with Down's Syndrome, nor does it aim directly to counter negative views of them. The VIM is not looking for new labels but for integration. It has chosen to use the original term 'mongol' or 'mongoloid' rather than adopt the current official term 'Down's Syndrome'. Both labels continue to imply that the problem lies within the child. Changing from a nineteenth-century anthropological label to a twentieth-century medical label only suggests that people with this disability should shun the old-fashioned psychologist and that they now need to see a doctor. They do not need a doctor. What they need is a good teacher.

The VIM takes the view that the mongoloid child must learn to live with his or her disability within an open society. The VIM believes that teaching the child to use the term 'mongol' to describe his or her disability could lead to the word losing its negative connotations, as the people it is meant to describe would be using it in a natural, positive way.

The VIM believes that families with disabled children should be able to make their own *choices*. Such families will want their children to live in a stimulating environment where they can learn about life as well as school subjects. Integration can give people with learning difficulties the opportunity to develop their potential within an environment shared by their peers. The *responsibility* for integration should lie with society as a whole and in particular, the VIM focuses on the need for change in the legal and political organisation of the education system to facilitate integration. The principle of integration extends to the VIM's structure *and* membership. In the VIM, the concerns of parents and teachers are addressed; both are united in their aim of achieving integration.

2. Planning and growing

The VIM's project grew from direct needs identified by the teachers and parents of children with Down's Syndrome. It is run by the people involved, who started with a clear idea about integration on an individual basis, but had no money to organise it. The initial stages of planning focused on the need to convince the relevant authorities of the value of such an initiative and to secure their support.

The VIM contacted the Ministry of Education, successfully arguing the case for funding to assist primary schools which were willing to enrol pupils with Down's Syndrome. As a result, every school enrolling a pupil with Down's Syndrome in the 6-14 age group is entitled to funding for eight hours' support teaching a week. Where there are clear difficulties for the school in supporting a child in the 4-6 age group, then the Ministry will provide for four hours' support teaching.

The VIM also negotiated with the Seminarium voor Orthopedagogiek to organise "follow-up" training on a partnership basis in conjunction with the VIM. A close cooperation of the VIM and the Seminarium was the result.

It became clear in 1989 that the school counsellor system was not yet ready to take on the counselling of primary schools with a pupil with Down's Syndrome. Therefore the VIM contacted the Ministry of Education again, asking for a number of support schools to be identified and funded to undertake this type of counselling during the following three years. The Ministry agreed to help.

In addition to financing the work of the support schools, the VIM obtained funding from one of the parents' organisations, VOGG, to provide for documentation to enable the support schools to support colleagues and students. The above milestones in the VIM's development, and that of the project, are included in the outline of the VIM's growth as an association given below.

1986-87:
"Asking for support for a new idea"

- The VIM organised meetings for parents and professionals to discuss problems concerning integration in school and to identify ways forward.
- The VIM asked the Ministry of Education for additional facilities for primary schools working on the integration of a mongoloid child. The request was successful.
- The VIM asked for in-service training for teachers in primary schools. The Seminarium voor Orthopedagogiek organised several courses and conferences in partnership with the VIM.
- The VIM asked parents, teachers, education professionals and school counsellors, as well as reporters, to write articles about integration. Many articles were published.
- The VIM also produced and distributed a special folder with information about its goals and activities.

1988-89:
"Support is offered"

- Both the parents' organisations and professionals in the field of special care asked for more contact with the VIM. One of the results of these partnerships was the international conference, "Just do it", held in the Netherlands in 1991.
- The Ministry of Education gave public support to the idea of integration by stating that integration initiatives were in line with the policy of the Ministry.
- The Seminarium voor Orthopedagogiek proposed to produce a video film about the possibilities for integration in mainstream schools. The result was the film *"Ellen"*.
- The VIM published a book entitled *"Ja kun je krijgen"* ("You can get it if you want it") which contains six contributions dealing with some of the educational and practical aspects of the integration of a mongoloid child in a primary school.

1990-91:
New projects

- The VIM started its own quarterly magazine called VIMfo. Readers of this magazine include teachers, parents, school counsellors, speech therapists etc.
- The Ministry of Education started the "VIM support-schools project". Four primary schools were selected to work in cooperation with the Seminarium voor Orthopedagogiek to support other schools within their region in integrating pupils with Down's Syndrome. The selected schools are called "VIM-support schools". This project was scheduled for completion in 1993.

- In 1991 the Seminarium voor Orthopedagogiek published a handbook for teachers and parents called "De VIM-GIDS, deel A". It describes and analyses possibilities for integration in school.
- The Seminarium voor Orthopedagogiek started courses for parents, teaching them how to select a school and maintain good contact with the teachers.
- The VIM set up a system of "support parents", whose task is to talk to other parents about integration.
- The media contributed substantially in influencing public opinion in favour of integration. In 1991 five different television programmes about the integration of children with Down's Syndrome were broadcast.

1992-93:
Integrating the project into the professional education system

- The dialogue with colleagues of schools for children with severe learning difficulties is now under way. Teachers from primary schools are visiting special schools, while teachers in special education are taking more of an interest in what is developing in the mainstream schools.
- The counselling by the support schools will come to an end in 1993. The VIM is in discussion with the school counsellors' service, hoping that these professionals will be able to take over the role of the support schools post-1993.
- The Seminarium voor Orthopedagogiek broadened its programme of teacher training to include teachers working with pupils with learning difficulties in an ordinary primary school, thereby including disabilities other than Down's Syndrome.

The future

- The Seminarium voor Orthopedagogiek and the VIM are working hard to have the "De VIM-GIDS, deel B" published soon. It will be the second part of the handbook. It contains many ideas for the teacher and his/her class: how to organise, how to set up an individual learning programme, how to respond to behavioural difficulties, how to use particular teaching methods, how to find practical solutions to practical problems, how to support the emotional development, motor development etc. of children with Down's Syndrome.
- As mentioned above, funding for the VIM support schools will come to an end in 1993. It is not yet clear who will take over this support-system. It depends on the results of the project and the response from the Ministry of Education.
- The VIM will start a new project, focusing on the transition from primary to secondary school, and again, this project will have its roots in needs identified by parents and teachers.
- Ultimately, the VIM will become superfluous, because other organisations will be able to take over these and other projects. It is hoped that

the close cooperation of all those involved, particularly between parents and professionals, will be maintained. This must continue to be the first condition for a worthwhile project on integration.

3. The project in practice

i) The VIM's overall role

Any parent of a child with Down's Syndrome who wishes their child to have an integrated education can obtain guidance from the VIM. Similarly, a primary school receiving an application from a parent for a place at the school for a child with Down's Syndrome can find assistance through the VIM. There are various resources, including a film, a handbook for teachers, designated support schools and occasionally, direct assistance from the VIM to support staff and parents in making the case for integration to a reluctant school board. The VIM never acts as a mediator between parents and a school. It tries to advocate integration at an individual level, but it is only the school and the parents who can really decide about an individual child and his or her specific needs.

The VIM believes that, in principle, all integration problems should be solved by those directly involved. Contrary to the policy or practice of some other organisations, the VIM will not take on either the family's problems or the problems of the school. The VIM exists to try to create possibilities on a general basis: negotiating with the government or other institutions to get facilities and other support for parents and schools, or by exerting an influence on society through using the media. The VIM wants to create a situation where parents have the chance to make their own choices concerning the education of their children. The VIM will not take over the tasks of other organisations such as parents' organisations, institutes for school counselling or teacher-training institutes. It will only push these organisations to take integration seriously.

ii) Materials

The VIM provides a folder giving general information about the association and its activities. Its practical resources focus on providing schools with the information they need when considering whether to admit a child with Down's Syndrome. A video and several books help schools (and parents) through the decision-making process. Details of these publications can be found in Appendix.

iii) Training

Teachers in mainstream primary schools with one or more children with Down's Syndrome need in-service training to prepare them for working with these pupils. Initially, the VIM itself organised study days for such teachers but felt that this was not its intended role. It then approached the Seminarium voor Orthopedagogiek to organise in-service training on a partnership basis, which the Seminarium agreed to do. In addition, the Seminarium organises several conferences a year, which take the form of five-hour "study-days", comprising lectures and seminars where participants can discuss and exchange experiences, methods and materials. The conferences are usually themed.

Past themes have included:

- social and emotional development
- communication and speech therapy
- motor development
- orientation in space and time
- language development and reading
- the computer as a learning tool
- composing an individual learning programme for some topics.

Teachers attending the conferences are also able to invite parents to the day if they wish to do so.

Apart from these conferences, teachers have a number of options if wishing to take courses in the fields of special education, remedial teaching or internal coordination. These courses have been developed for teachers in special education, but more and more teachers from mainstream schools are finding the courses of benefit in their teaching.

LESSONS LEARNT

1. Problems encountered

i) People have sometimes accused the VIM of being exclusively concerned with the integration of children with Down's Syndrome and doing nothing for other children with learning difficulties. The Association was formed by parents and teachers on the basis of their own experience of the needs of those children. If parents and teachers of children with other disabilities wish to form similar associations, then the VIM and the Federation of Parents Organisations can give them the help they need.

ii) The dialogue with schools for children with severe learning difficulties, where until recently all children with Down's Syndrome were placed, has to be handled with the utmost care. There are many prejudices surrounding the integration project in the Netherlands. The first two years were characterized by denial from special school teachers and educationalists who felt that: "Yes, that type of 'integration' happens at some places in the country, but it is an incidental, transient phenomenon".

In 1989 the VIM went public with its own book and the film "Ellen" and there was much favourable publicity in the media. The newspapers and television praised the initiative, but colleagues in the special education sector reacted with incomprehension and even anger. They criticised the VIM for not consulting them first, for taking the best pupils away from them and not considering the pain felt by the parents for whom integration is not an option. After these initial reactions, more serious questions were asked: "Won't children with Down's Syndrome be isolated at an ordinary primary school?" and "What are we doing wrong if you won't enrol your children in our schools?" But special schools are not doing anything wrong. The VIM is concerned that the special environment of the special school creates more social isolation for a child than she needs to experience.

Dialogue with colleagues from schools for children with severe learning difficulties is now under way, although progress is slow. Teachers from primary schools visit special schools, while teachers in special education are developing more of an interest in what is happening in the mainstream schools.

iii) It is as yet unclear what level of assistance teachers working with children with severe learning difficulties can give to their colleagues in mainstream schools and what the nature of it might be. The advice of those teachers often does not provide the kind of help their mainstream colleagues need. The greatest need in the mainstream schools is for adapted teaching programmes, but schools for children with severe learning difficulties are only just emerging from a period in which training in social skills took precedence over cognitive learning. The learning of social skills is less of a problem for the primary schools, however. Children with Down's Syndrome can learn social accomplishments by imitating in many situations and the integrated environment of a mainstream primary school easily promotes this.

iv) When problems arise at school, the teachers as well as the parents can ask for advice from the VIM. The VIM, however, never takes the initiative to become the mediator between the two. When the schools says: "We can't help your child any longer", and parents have the feeling that the school did not try everything to make integration successful, these parents very often will not accept the school's view that they should enrol their child in special education. In such cases, parents sometimes ask the VIM to start discussions with the school. However, the VIM cannot give advice without being asked by the school itself. It cannot be the task of the VIM to put pressure on schools, only to help them. It is sometimes difficult to explain to parents that the VIM cannot take the side of only one party in such cases.

v) It is now vital that the VIM considers the development of its integration project beyond the primary school. The VIM hopes that the project will extend to include secondary schools, and there is much debate about the extent to which integration is possible for teenagers and the form it should take.

vi) It is difficult for the VIM to cooperate with the traditional parents' organisations. They too promote integration but only from the parents' point of view. They do not approach integration as primarily a *social* problem as the VIM does, a problem that should be solved by *all* those involved. This makes it difficult to identify common strategies.

2. Mistakes and risks

i) The VIM wished to establish a high standard quarterly magazine, VIMfo, which looked at integration issues. VIM soon realised how difficult it is to run such a magazine without enough financial support and with only a very small group of voluntary workers. Recently the VIM decided to change the format from magazine to a short newsletter.

ii) The VIM was not able to gain sufficient financial support to run the project with paid workers, because as an association of both parents and teachers, it does not fit easily into the system of governmental subsidies in the Netherlands. At the moment, the VIM is negotiating for closer cooperation with the Federation of Parents' Organisations in order to have better access to public financial resources, though the price may be the risk of losing the VIM's basic identity as an organisation for parents, as well as for teachers.

iii) The VIM has not been able to promote its ideas clearly enough to the new generation of parents, who appear to think that integration is now well established and easy to achieve in every school. They expect too much from the VIM, treating it as an institution, and so they tend to make less contribution themselves. There is a continuous risk of 'contributors' becoming only 'customers'.

3. Positive factors

i) The VIM opened doors in the world of officials and professionals which would have remained closed if it had immediately started to lobby for facilities for all children with learning difficulties. The Federation of Parents' Organisations is now creating new educational opportunities for all such children.

ii) Society is becoming more "normal" because many more children are learning to live together from an early age, to help each other and to take responsibility for each other. There is more understanding of the experience and potential of children with disabilities.

iii) Teachers in mainstream schools are learning new skills and developing new approaches to teaching and learning in the classroom.

iv) Teachers in primary schools having a policy which refers pupils with moderate learning difficulties to special education, often review and even change this as a result of teaching a child with Down's Syndrome.

v) Teachers in special education are themselves starting projects for integration, eg. creating more and more opportunities for their pupils to undertake work experience.

vi) Experts in special education are working hard to develop adapted teaching programmes for language, elementary arithmetic and orientation in time and space. Thus, special education expertise is extending to provide sound support for cognitive work in mainstream schools.

vii) Parents are becoming more assertive.

4. Advice to those who are interested in adopting the VIM model.

i) The need for allies and supporters is paramount. Work together with partners in the field of education, with individuals as well as organisations and policy-makers.

ii) Create a good balance between parents and teachers in mainstream education. Together they are strong enough to influence policy, the community and their own school board. Together they are strong enough to go on with integration, even when there is a negative response from colleagues in special education or from school counsellors.

iii) Let all information about achieving individual integration be accessible to all those involved, to parents as well as teachers. Give teachers the opportunity to invite "their" parents to teacher

training and give parents the opportunity to invite "their" teachers to parents' meetings.

iv) Be patient with people (and organisations) who say that they are prepared to promote integration, even if you know that their interest in integration is for political reasons rather than as a result of a genuine belief and commitment. They will learn.

v) Initially avoid contact with organisations which oppose your views and strategy for achieving integration. It is hard to achieve real dialogue in these circumstances. It takes too much time and energy to convince unwilling people. It is more effective to prioritise working towards good practice, which will then be the best means of persuading others.

vi) Use the media as much as possible. It is important that a community keeps talking about the subject of integration over and over again.

APPENDIX

1. Resources

i) *"Ellen"* (1985). A 25-minute colour VHS video, published by the Seminarium voor Orthopedagogiek. Available with English sub-titles.

The film is about an eight-year old girl called Ellen, who has Down's Syndrome, and is being educated in a mainstream school. The film is used to help primary schools through their decision-making process when dealing with applications for places for children with Down's Syndrome. The film raises and helps schools to answer the important questions so that if a child is accepted, the school is well-prepared.

ii) *"Ja Kun je Krijgen"* (You can get yes if you ask for it), 1989, published by VIM. A book comprising six articles about integration. Only in Dutch.

iii) *De VIM-GIDS, deel A* (1991), published by the Seminarium voor Orthopedagogiek. A handbook for primary schools and parents. This book provides primary schools and parents. This book provides primary schools with the information they need before admitting a child with Down's Syndrome and it contains a step-by-step plan for parents looking for a primary school for their child. Only in Dutch.

iv) *De VIM-GIDS, deel B* (1993) contains a long list of course material items, ie. a list of everything that a Down's Syndrome pupil could learn at primary school. It also contains a number of items about the materials presented or gathered at the training conferences for teachers. Only in Dutch.

2. Addresses

VIM
Vereniging voor een ge Integreerde opvoeding
van Mongoloïde Kinderen
(Association for the Integration
of Mongoloid Children)
Meester Koolenweg 3
8042 GB Zwolle
The Netherlands
Tel: (00 31) 38 – 226916

Seminarium voor Orthopedagogiek
(Institute for Special Education)
Archimedeslaan 16
PB 14007
3508 SB Utrecht
The Netherlands
Tel: (00 31) 30 – 547378
Fax: (00 31) 30 – 540349

Federation of Parents' Organisations
Maliebaan 71L
PB 85276
3508 AG Utrecht
The Netherlands
Tel: (00 31) 30 – 363767

10

NORWAY

In harmony we learn

by MARNA MOE

Introduction

This is the story of an integration project in one community, Asker, in Norway. The paper explains how the rebuilding of an old primary school led eventually to the development of integrated education provision for all children with special educational needs in Asker.

BACKGROUND

1. Historical and political context

When the project began in 1984, Norwegian law stated that every child had the right to an education. At that time, children with special educational needs were educated in special schools and had little or no contact with their peers in mainstream schools. Pupils with special educational needs often had to travel long distances to reach their nearest special school and if the school was too far away, had to attend boarding school.

In Asker, an old primary school was being rebuilt and the local school board decided to incorporate facilities for a group of children with severe learning difficulties. At the same time, the Norwegian Government passed new legislation confirming a citizen's right to live, be educated and to have employment in his or her birthplace, regardless of factors like disability.

This prompted politicians in Asker to pass a new resolution for their community. The main principles of the resolution were:

- everyone should be able to attend a school in their local community, preferably their nearest school;
- groups of pupils with special educational needs may be taught in a separate place but will have the opportunity of linking with a mainstream school;
- in specific cases, staff from schools outside Asker with the relevant knowledge or expertise may be invited in to Asker to provide guidance.

The guiding principle of this system is that everyone has the right to the same education. This implies that each pupil should follow a curriculum which is matched carefully to his/her ability. A minimum demand is that a pupil will develop through the education she receives, and that she is able to feel a sense of achievement in reaching specific goals.

2. Separate but segregated

In the autumn of 1984, seven or eight children with severe learning difficulties moved into Vettre School, the new elementary school in Asker. These pupils were placed in a Special Unit which had a separate budget, a headteacher and a full staff. The pupils in the Unit were linked to mainstream classes in their own year group, so they were teamed with children of the same age.

The main challenge has been to establish a model which facilitates a harmonic relationship between the children with learning difficulties and the other pupils in the class. This has been achieved in some lessons, but there is a need for better cooperation between teachers from the Unit and the mainstream part of the school. Integration is socially beneficial to the whole school, including staff, and is not just for the benefit of the children in the Unit. It fosters an atmosphere of teamwork amongst the students and, ideally, between staff.

THE VETTRE INTEGRATION PROJECT

1. Aims and approaches

As the integration project began to develop, the aims became clearer. The integration scheme at Vettre aims to offer each and every student a suitable and relevant education. The school aims to ensure that children and young people with disabilities are not hidden away, but are seen taking part in life. Vettre wishes these children to be integrated in other schools too, and to be accepted by society, establishing principles of 'normalisation'. The school aims to develop responsibility and tolerance, establishing models to help students interact and focussing on social behaviour.

The curriculum is organised to enable pupils to achieve and to feel a sense of achievement. All the activities are geared to developing self-confidence and encourage each pupil to contribute in a group situation. Special attention is given to activities which can also be enjoyed in leisure time with friends and family.

2. Integrated teaching and learning

The teaching programme is organised to help Vettre achieve its aims. A pupil may experience any or all of the following learning situations:

i) a whole class sharing common activities, with each student participating at the appropriate functional level. The children with special educational needs are obviously members of the class and in this way integration is 'visualised' or made apparent;

ii) a whole class in which the learning programmes are more individualised, with students following individual work programmes alone or in small groups;

iii) groups sharing common activities where the main task of the mainstream students is to assist the students with special educational needs to participate in the activity;

iv) groups where each student works at his/her own level, either within small units or in a whole-class situation.

The groups will either be located in separate rooms connecting with the rest of the class or in the Unit for the students with special educational needs.

3. Breaks between lessons: a project model

In 1985/6, Vettre ran a project called 'The breaks between lessons', which aimed to create a better environment of tolerance and safety for all. For the children from the Unit, it provided an additional opportunity to integrate socially.

Two teachers were assigned to the project for seven hours a week. They were to address the following issues:

- what activities are the students involved in?
- which part(s) of the schoolyard and its surroundings are used the least?
- are the mainstream students seeking contact with the integrated students?
- are some students deliberately kept out of games?

From initial observations, it was decided to modify the outside area, purchase play equipment and to introduce a number of specific games to the children. The students who were being left out of the other children's games were given extra adult contact. Involving the children with special educational needs in the outside activities took longer than expected. It was the mainstream students who sought contact with the adults rather than the special needs students, which inhibited the process of integration at play time.

Two activities were eventually accepted by the children and some special events were also organised. The two regular activities were ball games and tobogganing. An 'Activity Day on the Ice' performance was organised with children in sledges, toboggans, skates and wheelchairs. The Asker Sled Dog Club helped arrange a day for the children playing on their dog sledges, with mainstream students helping the drivers and the students with special educational needs riding in the sledges. On these occasions and for organised trips, the teachers have extra helpers to ensure that the students with special needs are able to participate.

There are fewer conflicts now when the children are outside and the children with special educational needs have extended their field of experience. Being with the mainstream students pushes them through what their teachers previously considered to be fixed barriers.

INTEGRATION IN THE COMPREHENSIVE SCHOOL

1. The transfer from primary to secondary school

In the autumn of 1986, the first of the integrated students from the Vettre School was due to transfer to the local comprehensive school (13-16 years). The student was, however, a wheelchair user and the comprehensive school buildings were not wheelchair accessible. The student was forced to remain at Vettre for another year while the comprehensive school's buildings were adapted to include ramps and a wheelchair lift. In autumn 1987, he was able to transfer to the school.

For those involved in the Vettre project, it was vital that the students with special educational needs transfered to the local comprehensive school with their peers. The right to a place there is implied within Norwegian legislation and the position for children with special educational needs should not differ from that of their peers. The local resolution, passed by the School Board, which clarified the need to find a model to develop harmony between mainstream students and those with special educational needs, did not mention specifically an extension of the principle to the secondary sector. However, it would be a pedagogic and municipal defeat not to complete the process and include comprehensive education. Besides, Vettre does not have the room to continue the integration programme for students old enough to transfer and therefore delivery for older students has to be based at the comprehensive school.

The staff involved in the Vettre project identified a new aim: within three years they aimed to develop harmonic models between children with special educational needs and mainstream students in the comprehensive school. It was a challenge to which everyone in the project was committed.

2. Finding the right approach

The starting point was a set of conclusions drawn from the Vettre project, which led to the following observations:

- it is unrealistic to aim for full integration in a comprehensive school;
- continuous, formative evaluation of the pilot integration project at the school is essential;

- the school represents only one aspect of the municipal undertaking to provide the young person with special educational needs with a full service within his or her local community;
- the chief education officer for schools and social services should establish an inter-disciplinary working group to attend to the needs of these young people;
- as they learn and socialise together at school, both mainstream and integrated students will become more confident about associating with each other;
- it is particularly important to teach comprehensive school students about the whole of society and all its members, and to give them a better understanding of work with young people with special educational needs;
- guidance and help from special school teachers is essential in encouraging mainstream teachers to take the initiative;
- specialist care service providers, including the medical professions, need to understand better the benefits of integration for all young people.

It was decided that, in the comprehensive school, groups of two or three mainstream students would work with one, or perhaps two, students with special educational needs. A special needs teacher should be available to the integrated students, as well as their own class teacher. Also, the student with special educational needs and the mainstream student both need to learn about alternative means of communication, such as Sign Language, the Bliss Symbol System etc.

The above points are all equally important. Most concern the pedagogic arrangements for integration in a comprehensive school. However, the organisational arrangements, such as adapting/decorating buildings, after-hours use of school premises etc. can affect pedagogical decisions.

3. Planning for success

The success or failure of the project was also dependent on:

- the flexibility of the school's systems;
- the school's way of organising its education provision;
- the school's way of approaching subject learning, and its curricula;
- the relationship with parents and the local community;
- the extent to which staff on the integration project are involved in the school's development planning;
- the school staff's attitude to the new challenges and tasks introduced by the project;
- the school's priority for the social education of its pupils, which should encourage them "to get involved with and take responsibility for others".

These factors mostly concern the pedagogical philosophy of the receiving school and the willingness to adopt new teaching styles which are appropriate to the incoming students with special educational needs. In-service training for the teachers can help enormously and minimises the feelings of insecurity that can arise when people are asked to change their way of working.

The subject-focused curriculum of the secondary school does not easily accommodate the individual learning programmes required by students with special educational needs. Shared learning activities are more difficult to organise and opportunities for learning together in subject-based lessons are much more limited than in primary schools.

Information-sharing between parents, teachers and students is essential to the success of a project. Any information recorded or exchanged about a student is agreed with that student wherever possible. If the student is unable to express a view then his/her parents are consulted.

Cooperation between mainstream students and students with special educational needs is a key target in an integration project and can occur in two ways. The first is called 'visualising' where the integrated student is present in a group and the situation has not been 'organised'. The cooperation occurs by chance and is manifest in mimicking, greeting, smiles, informal chatter etc. It takes place throughout the day and happens naturally. The second form of cooperation occurs through specially organised activities where the students are actively following a planned process. This type of cooperation is generally only successful with small student groups, either in a room separate from the main class or outside school altogether on riding, swimming or other trips. These observations matched those made at the primary school; age appears not to make a difference.

THE PROJECT EXPANDS

1. New arrangements

In autumn 1992, a new primary school opened in Asker. The Arnestad School absorbed another primary school, Gisle School, and the Special Unit from Vettre School. Arnestad has a central administration, but the Special Unit has a separate manager and has retained its own budget and staff. There are, however, joint activities between the unit and the mainstream part of the school.

The Unit has large, comfortable, adapted premises and has 10 permanent students. The staff have responsibility for the learning of four other students located in the mainstream section of the school. The Unit also provides after-school supervision for five 4th-6th grade students. Six students from the comprehensive school are taught at the Unit for two days a week.

Being in a new school meant that the integration process had to begin afresh, but progress has been rapid. The former Gisle school pupils are used to working in groups and respect each other's endeavours. At Arnestad, the managers, staff, parents and students are all working together to achieve a sense of identity for the school as a whole.

The integration project has been expanded and the need for alternative approaches to educating all children is increasing. Staff in the Unit at Arnestad do not want more students. It would be better to establish another school like Arnestad,in Asker. Comprehensive school provision for integrated education is also to expand, with a second comprehensive school opening its doors in 1997. In the meantime, there will be a base in a building not far from Arnestad.

2. Guiding principles

When making a decision on whether to integrate a student with special educational needs, the following will need to be considered very carefully:

- legislation
- the school's pedagogical views
- the teachers' work conditions
- the potential benefit to the student.

Norwegian legislation states that, wherever possible, students should attend a school in their local community. In Asker, this is now a real possibility.

Experience has taught the project staff that there are some principles and observations which are central to the development of integration models:

- students with special educational needs must be real members of their mainstream class;
- admittance to a mainstream class will be dependent on the nature of a student's special educational needs;
- for some of the integrated students, it is better to arrange joint activities in small groups comprising two or three mainstream students and the integrated student;
- membership of the above groups should rotate every three or four weeks so that as many mainstream students as possible work with the students with special educational needs;
- the students with special educational needs should be taught in the class or group rooms for at least some of the time;
- the class teachers should have close contact with the integrated student(s);
- the special education teacher should endeavour to be a resource for the whole class;
- the mainstream students must be guided in their interactions with the students with special educational needs to foster a positive learning and social environment. They should also be shown how to assist the integrated students;
- integration is positive for mainstream students, who generally discover that students with special educational needs are like other young people, and for integrated students who feel pleasure and satisfaction at being part of the mainstream class.

None of these concepts differs from pedagogical principles being followed throughout the Norwegian school system. The integrated teaching approach provides students with both individual teaching and the opportunity to participate in shared activities. This is a right for every child of school age and is enshrined in Norwegian law. Striving to realise this right is exciting and challenging. At Vettre, where the variety of special educational needs among the students was especially great, the pedagogical challenge offered good opportunities to develop new approaches to teaching and learning.

3. Benefits to children who do not have special educational needs (mainstream students)

Integrated education also benefits mainstream students. To date, the emphasis has been on the development of qualities and inner resources which will make them more 'complete': patience, tenderness, care, tolerance towards 'difference', responsibility for social care, the ability to use alternative ways of making contact and communicating.

This teaching is organised through the involvement of mainstream students in real and practical initiatives with specific aims for the students in the Special Unit. The project is already in a position to deliver the legislative requirement to provide all students with 'practical, social and cultural' experience, across all subject areas.

The models for 'harmony' between all groups of students and their teachers and parents have been developed through painstaking, thorough work and the patience of many. Close cooperation has been essential at every stage and on every level.

EVALUATION: LESSONS LEARNT

1. Project evaluation

There has been continuous review and evaluation throughout the project. As mistakes were made, methods were adjusted and new approaches tried. A support team of highly-skilled professionals has provided strong guidance and advice on the project. Management support has also been crucial.

If a project such as this is to contribute to future planning and development, it is important that:

a) the experiences of the participants are documented and shared so that they can help other schools with students with special educational needs;
b) that the evaluation process is as objective and rigorous as possible and the report as truthful as possible. Positive and negative experiences should be included and those questions to which answers were not found should be left unanswered.

2. Conditions for a successful project

i) Physical limitations

Special toilet and washing facilities are needed for disabled students, without which they cannot attend mainstream schools. Classrooms too need to have adequate space for storing special equipment and medical supplies. Buildings need to be adapted to accommodate wheelchair users, as all students must have access to school buildings and the grounds/playgrounds.

ii) Student participation

Mainstream students need to accept the integrated student as a full and legitimate member of their class. It is important too that they accept some responsibility for the student being able to participate fully as a class member. There may, however, be frustrations for mainstream students when trying to include a student with severe or complex special needs in class activities and this could be a factor in deciding whether or not a student is suitable for integration within a particular class. The mainstream students are more egoistic in the seventh and eighth grades than in the ninth and tenth grades. They are also always concerned about subjects, examinations and assessment grades. It is during these years that it is most difficult to achieve a balance between encouraging academic ambition and developing the sense of social responsibility necessary to assist the integrated students.

iii) Teachers

One very obvious factor in developing successful integration programmes is the teachers and other personnel. They need to be positive, committed and willing to cooperate with each other on a daily basis. It is their daily responsibility to deliver the integration programme and it is their skill and willingness to develop which will contribute most to its success.

iv) Management

The managers of the project must operate within an agreed framework and have a common understanding of the aims of the project. They need to meet frequently.

v) Pedagogical Psychological Service (PP Service)

The PP Service should have a coordinating role particularly in relation to school-based activities and school/parent relations.

vi) The local school administration / politicians

To ensure that a project gains support from decision-and policy-makers and funders, the school administration and politicians should be briefed regularly and asked to resource the project as appropriate. They should also monitor the use of resources.

CONCLUSION

An integration project should be about developing the concepts of normality, responsibility and tolerance among all students. It can aim to promote integrated group (or team) work but may equally well aim to ensure that students with special educational needs are 'visible' in mainstream schools. It is important for everyone to learn that some human beings are 'different' from the 'norm' and use alternative means of communication and languages.

Those people with severe learning difficulties can learn by imitation, by rote, or by learning 'models'. They do this by seeing and being with others. They can also be corrected by adults setting rules and limits for them. The motivation to learn can be stronger for young people with severe learning difficulties if they are with their peers from mainstream schools than if they are alone with their teacher. A project like this can increase the opportunities for the shared activities which so motivate those students.

From 1991, all students are entitled by law to an education within their local community. Not everyone will choose this and in some cases it will be better to use a "base model" (Unit model) as this project has done. It is hoped that this paper has inspired others to try the same.

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INTERNATIONAL

INITIATIVES for Deaf Education in the Third World

by BROTHER ANDREW L. DE CARPENTIER

Introduction

INITIATIVES for Deaf Education in the Third World (INITIATIVES) is a network of deaf people, parents of deaf children and professionals providing educational, social, medical and para-medical services for deaf people in developing countries. There is a particular emphasis on work with deaf children.

The need for such a network was first identified during the XVIth International Congress on the Education of the Deaf, held in Manchester in 1985. The developing countries were under-represented at the Congress, but those delegates who were representing developing countries met to discuss their particular needs and how these were being addressed by the conference. A subsequent meeting concluded that there was a general lack of understanding of the problems peculiar to developing countries, as well as an apparent lack of interest from other delegates. The meeting also identified the need for professionals from developing countries to present the issues that concern them more clearly. The meeting therefore decided to try to establish a mechanism for bringing together professionals from developing countries to discuss their problems, achievements and failures within an atmosphere of mutual support. A resolution was proposed to the Congress which subsequently became the mandate for the group to form INITIATIVES. The resolution was as follows:

- *"This congress endeavoured to be meaningful to the countries of the Third World;*
- *It recognises that it has not really addressed the immediate problems of the developing countries;*
- *It resolves to support a small group of people who have made a commitment to find ways and means to address the problems at the level of the needs;*
- *It fully supports an attempt to organise a conference that will focus on the needs of the Third World."*

This paper outlines the background to the formation of INITIATIVES and charts its activities and growth over the past nine years.

BACKGROUND

1. Historical and social context

INITIATIVES developed from a growing awareness of the need for change and development in the provision of education for deaf people in developing countries. Four key observations about the education service in developing countries led to the formation of INITIATIVES:

i) that there were increasing demands on the welfare and education services to meet the needs of deaf children and young people;

ii) that the interest of the developed countries, including the professionals directly involved with the education of deaf people, is often quite superficial. The aid programmes are inadequate and are often inefficiently administered and inappropriately targeted;

iii) that the developed countries often assume that developing countries are unable to solve their own problems, lack expertise and have nothing to contribute to discussion;

iv) that there are resources in developing countries which, properly utilised, could contribute much to the development of education for deaf people. Professional expertise in developing countries is too often over-looked, not just by the developed countries, but also by the developing countries themselves.

2. The developing countries

Within the developing countries, there are a number of misunderstandings and misconceptions relating to the current range of activity, the standards of provision and the availability of professional expertise in deaf education.

i) Many government authorities are still unaware of what is involved in providing education for deaf children and can be under the misapprehension that professionals from developing countries, including their own, are less well qualified and skilled than those from developed countries. There is a need to challenge definitions of success which rely on models more appropriate to developed countries.

ii) Owing to the size of many developing countries and poor transport and communications infrastructures, people working in an area like deaf education are often unaware of the achievements of colleagues in neighbouring countries. This professional isolation does not aid development, nor does it promote confidence within a professional group.

iii) Many people, including the professional workers, have a charity-oriented approach, rather than one which is about self-help and development. This has fostered the attitude that anything coming from 'without' is better; that all good things are given, rather than achieved through hard work and by taking a fresh approach to problem-solving and development.

3. The developed countries

i) The developed countries generally display a profound lack of awareness of what is happening in developing countries and of their needs and the problems they encounter. This is primarily because too few of the professionals from those developing countries are integrated into the professional circuit. Furthermore, those professionals fail even to achieve recognition at regional and national level in their own countries.

ii) Deaf people themselves, despite any knowledge and expertise they may possess and what they could offer to both the deaf and wider communities, are consistently poorly treated and mis-represented. Their needs are great, interest from the authorities is often poor, and deaf people are rarely given the opportunity to contribute to their own educational provision or, indeed, to any of the services that they require. In *developing* countries, the picture is far worse.

4. The need for INITIATIVES

Professionals living and working within the developing countries felt that the time had come for them to begin to take a clear and conspicuous role in the development of policies and strategies to solve their specific problems in providing services to deaf people. They had the necessary qualifications and expertise; most importantly they were in the best position to observe and analyse existing provision in their own countries and had the confidence to try to solve some of the problems they had identified. The developed countries have been invited to provide support in the form of advice, technical expertise and financial aid, within the development programmes established by the developing countries themselves.

INITIATIVES seeks to facilitate developments in deaf education, bringing together professional people in practical partnerships. Policy-making, initiating and implementing projects and long-term planning are the responsibility of the INITIATIVES 'Partners' working in developing countries, with the developed countries helping as outlined above.

THE PROJECT

1. Aims

INITIATIVES has five main aims:

1. To disseminate information of a professional nature to all Partners.
2. To facilitate and, where possible, support training and other activities devised by, and shared by, Partners.
3. To provide a limited amount of materials including technical equipment.
4. To support the Partners – professional and parent, hearing and deaf – in their attempts to increase public and government awareness and involvement in the needs of the hearing impaired.
5. To respond, from time to time, to requests from Partners.

The overall purpose is to facilitate the "mainstreaming" of the Partners by helping them to broaden their professional horizons. An important function of the network is to give the partners access to information which is readily available in the developed countries but difficult to obtain in their own, developing, countries.

2. Organisation

The network consists of professionals, parents and deaf people, most of whom are Partners. The network also includes others involved in the provision of services to deaf people in developing countries, who aim to share information and provide support for each other.

There is a Secretariat based in the UK. This location was chosen for its good communications network and because English delegates at the Manchester Congress had shown strong support for INITIATIVES. INITIATIVES is registered as a charity, with four trustees, all of whom are based in England. There is also a voluntary secretary.

A 'General Partners Meeting' is held at least every three years, where decisions are made about policy and general business is conducted, including the election of a President, Treasurer and Secretary. The General Meeting also elects a General Field

Coordinator and Regional Coordinator(s) who help keep channels of communication open between Partners, and between Trustees. The Coordinators are also directly involved in policy development, planning and implementation.

Partners who have retired from active professional work become Honorary Partners of INITIATIVES. The network also has Associate Partners who differ from Partners only in that they are not eligible for free attendance at workshops and conferences.

The number of Partners is limited by the level of finance available, but it is envisaged that eventually the Partner for a specific country will be selected (possibly on a rotation basis) from among the Associate Partners in that country.

INITIATIVES, despite its administrative structures, is a movement, not an organisation. It is a fluid network of people concerned with deaf education and has great potential for development.

3. Finance

INITIATIVES does not receive core funding from government or other sources. The Trustees and the Secretary raise funds to support the network's activities, assisted by Partners who are in a position to help. Most of the money raised is used to finance information packs and attendance at workshops for the Partners, who are not expected to contribute financially to the network.

The main areas of expenditure are:

i) running expenses, including preparation and distribution of the information packs;

ii) the regular workshops which receive funding from a wide range of funding agencies, including a small number of European NGOs, grant-making trusts and foundations and charities, most of which are based in the UK;

iii) a limited number of donations of equipment and materials to Partners to assist them in their work.

There is an ongoing programme of fundraising events which includes street and church collections, talks and lectures and the sale of stamps, postcards and so on.

4. The INITIATIVES programme

i) Information packs

These packs are compiled by the Trustees and the Secretary and contain information and materials they feel will be of interest to the Partners. There are four packs a year, which are sent to Partners and Associate Partners.

ii) Recognition for professionals

Membership of an accepted international network can help Partners achieve greater recognition as professionals at both local and national level. This has obvious benefits for career development and is a clear example of how 'mainstreaming' into international activities can occur.

iii) Dissemination of information

The work of INITIATIVES and its partners is disseminated via talks, exhibitions, written articles and visits by the Trustees to a wide variety of organisations and conferences.

iv) Resources

INITIATIVES acts as a resources centre for information about work for and with deaf people in developing countries. Inevitably, many of the requests for information come from Great Britain, where the Secretariat is based, but requests do come from many other developed and developing countries.

v) Sharing and exchange

A vital part of INITIATIVES' work is in facilitating the sharing of information, knowledge, expertise and concerns between Partners in the developing countries. This happens in the following ways.

a) Exchanges of experiences and expertise between the Partners: Partners share on an individual basis and via a Newsletter. They also come together for the workshops which are held every two or three years.

b) Small-scale projects often involving a transfer of expertise across member countries. For example:

- a deaf earmould technician from Jordan conducted a training course in New Delhi, India;
- an Indian ENT/hearing aid specialist conducted a training programme for parents of deaf children in Meru, Kenya.

c) Development projects at local and national level: Partners are inspired by the work of colleagues to establish new initiatives. For example:

- parent programmes
- earmould laboratories
- hearing aid dispensaries
- educational and community awareness programmes.

d) Research concerned with the provision of high quality, low-cost hearing aids and earmoulds. This has been undertaken by Partners in collaboration with other organisations and has covered training, technology, organisational structure and the potential for collaborative work between developing countries.

e) Curriculum development: partners are developing curricula for deaf children which will have direct implications for teacher and parent training.

vi) Workshops

The organisation of workshops and conferences for the Partners is a major part of INITIATIVES' work. The purpose of the workshops is to enable the Partners to meet together to learn from each others' practice and experience. The workshops also aim to "leave behind something of practical value" in the host country.

Each workshop has a focus or theme relating to the interests of a particular group. In previous years, these groups have included: parents of deaf children; under-privileged deaf children in rural areas; deaf people and their relationship with 'professionals' and their role in the provision of services.

For each workshop, the Partners are asked to extend invitations to representatives from the relevant interest group(s) in their respective countries. Invitations are also sent to organisations in the host country, whose cooperation is often crucial to the success of such events.

Invited speakers, Trustees and delegates from non-developing countries do not participate in discussion sessions unless requested to do so. This helps ensure that discussions are relevant to the Partners 's needs and also encourages Partners to contribute.

vii) Partner requests

INITIATIVES provides technical equipment in response to requests from Partners. The assistance available, however, is extremely limited, owing to a lack of financial resources.

viii) Future plans

In the short term, INITIATIVES is planning a workshop on 'Training for Partnership' to be held in Delhi in Spring 1994. Medium term plans concentrate on the regionalisation of the network. In 1994, an Africa/Middle East INITIATIVES and an Asia/Pacific INITIATIVES will be launched. The international INITIATIVES will ensure coordination and coherence across the groups. Further regionalisation is planned.

LESSONS LEARNT

INITIATIVES has been faced with the need to develop working structures across and within developing countries. Most of the 'problems' still exist: the lack of infrastructure, a dearth of funds, and poor communication and transport networks all contribute to the difficulty INITIATIVES has experienced in trying to achieve its aims. INITIATIVES has realised that quick and easy solutions are not possible. Often, the problems are so deep-rooted and complex that recognised 'problem-solving techniques' are in appropriate and a more flexible approach is needed.

1. Administrative difficulties

i) When INITIATIVES was formed, the Trustees appointed a Committee to assist with the running of the network. There were lengthy discussions about the role of the Committee and whether it should act as an executive, standing or advisory committee.

   The Partners began to object to the Committee which was becoming increasingly influential, and appeared to be over-ruling the Partners and the decisions of the General Partners' Meetings. Eventually, a Partners' Meeting recommended that the Committee be disbanded although this has inevitably led to an overload of responsibility and work for the Secretary and the Trustees, who currently rely on voluntary help.

ii) INITIATIVES also had to make a decision about who should be the official representative of the network. Initially, it was assumed that the Chair of the Trustees would adopt this role, but it was soon realised that this placed the 'powerbase' firmly in the UK, thereby undermining the aim of transferring the power to the developing countries. It was decided to create the title of 'President', a role to be undertaken by a Partner representing a developing country.

2. Partners

The selection of suitable Partners is problematic, primarily because many professionals working in developing countries have not been 'identified'; many people with a considerable level of expertise are not known to the system and poor communication networks exacerbate the problem. Ironically, this is one of the issues INITIATIVES wishes to address, but it needs more Partners to do so effectively. In particular, more female Partners are needed; there are currently far more male Partners than females, but there are many more men working in the field of deaf education than women. Similarly, there is a serious imbalance between the number of hearing and deaf people, again largely because as yet, there are few professional deaf people with the necessary education, training and status within local organisations to enable them to contribute to and benefit from INITIATIVES. These difficulties with recruiting suitable Partners mean that INITIATIVES risks selecting only the elite, while trying to be a network providing assistance and training for people at grass roots level.

3. Communication

Having Partners from countries all over the world, INITIATIVES grapples daily with maintaining good communication between the Partners and the Secretariat in the UK. Poor communication and transport infrastructure are the main problem, with lack of telephones, fax lines and reliable postal systems, and poor roads and long distances in many developing countries. There, people rely more heavily on face-to-face meetings and often prefer this method of communication. The INITIATIVES workshops provide this personal contact and for this reason are a vital element of the network 's provision.

4. Finance

INITIATIVES operates from the UK, but works in many developing countries. It is not a national, but an international organisation, and because of this has difficulty in securing funding from funding agencies, which tend to budget by region or country. Money is needed for basic costs, such as travel, and support for these areas is neither interesting nor relevant to many NGOs and other funding agencies.

CONCLUSION

The INITIATIVES network has proved valuable not only to those directly involved in its activities but to a wider community of deaf people and professionals involved in deaf education.

INITIATIVES is effective because it has its roots in local communities building on the practice of professionals and experience of deaf people at the local level. The network aims to meet local needs using local resources, but the implications of its approach to problem-solving, which is often unorthodox and creative, are much broader. The small-scale and very 'human' approach of the INITIATIVES network is a key factor in its success: all the Partners are valued and expected to contribute to INITIATIVES' work.

The inter-disciplinary and inter-cultural approach fosters understanding and partnership between different service-providers, developing and industrialised countries, and hearing and deaf communities etc. More networks like INITIATIVES operating at national and regional level would encourage greater harmony between nations, professionals and deaf people, leading to better provision of services, and a greatly enhanced quality of life, for deaf people.

APPENDIX

All the Partners (as well as the Trustees) are professional people providing services for deaf children and young people, parents of deaf children, and representatives of deaf organisations. They are both hearing and deaf. There are teachers, audiologists, ENT surgeons, teacher trainers, lecturers, administrators, heads of organisations of the Deaf, parents of deaf children, Sign Language interpreters, etc.

President (1991)
Prof. George W. Brobby, Ghana

Partners (1991)

Br. Andrew de Carpentier, Jordan
Field Coordinator

Dr. Prem Victor, India (Central)
Regional Coordinator

Mrs A. Ekpemma-Jackson, Nigeria
Dr Sergia Esquerra, Philippines
Mr Albert Gwitma, Zimbabwe
Mr Michael Hara, Malawi
Dr Madge Hall, Jamaica
Mr John Jatta, Gambia
Mr Ezra Kirima, Kenya
Mr Ivan Matovu, Uganda
Mr Dumisa Matsebula, Swaziland
Mr McKenzie Mbewa, Zambia
Mr Vassos Meraklis, Cyprus
Mr Eliakunda Mtaita, Tanzania
Mr Sajjad Munir, Pakistan / UK
Mr Ashmelash Ogbamikael, Ethiopia
Mr Mathew Philip, India (South)
Mrs Rekha Roy, India (East)
Mrs Motsidisi Toto, Botswana
Mr Arif Yaqub, Pakistan

Associate Partners (1991)

Mr Philemon Akach, Kenya
Mrs Elizabeth Anbesaw, Ethiopia
Ms Antoinette Galea, Malta
Mrs Amal Nahas, Jordan
Mr Alfred Sichula, Zambia
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SRI LANKA

The integrated education of visually impaired children in Sri Lanka

By B. L. RAJAPAKSE
Director of Special Education, Sri Lanka

INTRODUCTION

The concept of integrating disabled children into the mainstream has been gathering momentum in the Sri Lankan educational system since the early nineteen sixties. This trend in thinking is well-expressed in the Final Report of the National Education Commission, Sri Lanka (1961): "Wherever the degree of handicap is slight, these children should be accommodated in the normal schools. ... As deaf and blind children grow up and master the methods of overcoming their handicap, they should, wherever possible, be accommodated in the normal schools". This line of positive thinking on integration and the experiences gained from the sporadic placement of blind children in mainstream schools may have prompted the Ministry of Education to accept an offer of a consultancy from the American Foundation for Overseas Blind (AFOB), now the Hellen Keller Foundation, in 1964. The consultant's brief was to review the existing facilities for blind children and make recommendations concerning improvement or expansion, with particular reference to the advisability of introducing the integration of blind children in Sri Lanka.

The subsequent report from the consultant recommended that: "a pilot project to integrate blind children into schools for the sighted be introduced." The follow-up of this recommendation and the active involvement of the American Foundation for Overseas Blind provided the starting point for the project outlined in this paper.

BACKGROUND

1. The Kenmore Report

The Kenmore Report (1966) showed that the level of educational provision for blind children in Sri Lanka had increased considerably, but in the traditional manner by providing special schools. Further development along these lines would be expensive, but the need for growth was clear, with fewer than 7% of blind children then receiving an education. The report therefore suggested a pilot project to integrate blind children into mainstream schools. The Report indicated that such a project would increase the number of blind children receiving some education and possibly lead to improvements in existing mainstream schools. Where blind children were being educated in mainstream schools, the Report found that: "an earnest attempt is made to adhere to the curriculum ... however, goals fall short of reality for several reasons and a mere skeleton of the declared curriculum is presented to the children".

In the absence of reliable data on the number of blind people in Sri Lanka, the Commission based its assessment on the worldwide ratio of 450 blind people per 100,000 of the general population. Sri Lanka, with a population of approximately 10 million, would have about 45,000 blind individuals, of whom 10%-15% would be children. It was therefore estimated that there were probably between 4000 and 6750 blind children on the island.

The total number of blind children receiving education in 1964 was 332. They were attending seven schools in seven different areas of the island.

The Report highlighted the need to improve rehabilitation training for young, blind adults and recommended that: "a new type of training which would get blind workers into open industry would be worth trying".

The resulting project was therefore based on expansion of service provision, better training and the need to teach blind children a curriculum which was equivalent to that for sighted children.

2. Finance and resources

At the beginning of the project, the AFOB provided expertise to assist with the training of local personnel through a three-year postgraduate course and a two-year initial teacher training course. UNICEF assisted with the purchase of materials and provided motor cycles for peripatetic teachers to enable them to commute between schools where blind children were enrolled. Voluntary support came from a variety of sources, notably the American Women's Association, which produced tactile materials for the blind children.

The National Council of the Blind was initially responsible for the printing of braille books, but the costs were defrayed by the Ministry of Education. The National Council for the Blind provided the services of the Talking Book Library on a voluntary basis.

The Ministry of Education paid the salaries of teachers during their period of training and the salaries of those teachers employed to teach blind children in regular schools.

The Cabinet Paper of 1969, in addition to granting legal status to the integrated education programme, empowered the Ministry of Education to pay an incentive allowance to peripatetic teachers of 10% of the basic teachers' salary, plus travelling and subsistence allowances, in view of their need to travel between several schools in any one area.

The Ministry of Social Services also instituted the payment of a grant to needy families of blind children. The amount was equivalent to the grant paid for attendance at special residential schools.

PLANNING AND PREPARATION

1. Training of personnel

The basis for any successful project is the availability of motivated and knowledgeable leadership. Hence, the first step in the project was to sell the programme to the key administrators at the Ministry of Education, who then organised a postgraduate course to train professionals to work in this field. The total number trained at this level was 12, one of whom was subsequently appointed to the Ministry, working at policy-making level. Two of the graduates became trainers, one person worked during the initial stages of the project as a supervisor, and the other graduates worked as teachers. The structural build-up was further facilitated by the provision of opportunities for further training abroad in association with the British Council.

The training venue for the first phase was the Faculty of Education at the University. This helped to ensure the growth of a well-knit organisational structure to support the development.

It was important to ensure nationwide delivery of the project and the second phase took place at the prestigious Teachers' College, so that the newly-trained practitioner in the field would be accepted within the schools' system. The intake for the training course was initially limited to 20 teachers per year.

2. Locating the blind children

Except for a very few blind children placed in special schools, the rest had been "hidden away" from society and in the absence of census data or any systematic survey information, their whereabouts was unknown. A novel strategy for locating blind children in the community was initiated by asking school principals to provide an opportunity for professionals to address their students on locating blind children. Each talk was followed up with immediate visits to those families which mainstream students had indicated included blind children. This strategy, although time-consuming, paid dividends and made it possible to locate blind children. It also created an awareness in the community of the need for expert medical advice on eye problems and of the potential for the education of children with profound visual impairment.

3. Home counselling

The pre-school years are very crucial to the blind child in the acquisition of concrete experiences. It is important that s/he grows up in an environment which facilitates the acquisition of a whole variety of experiences through all the senses, barring sight. Education can enable the blind child to overcome the strictures often imposed by blindness and to gain experiences to which s/he may previously have been denied access. From its inception, the integrated programme has addressed the need to counsel parents and to provide blind children with opportunities to acquire concrete experiences. The objective is to fill the void through enriched experiences and to develop self-management skills through programmes designed and organised by the peripatetic teacher.

In their concern for the safety of their blind children, parents can be over-protective of them. This has to be overcome if independence for the child is to be fostered with a view to placing him/her in school. The home-based contact sessions extend on average from two months to two years, depending on the age at which the child has been located; the younger the child, the longer the period of parent counselling. This service has contributed substantially to the progress of the programme, promoting knowledge about visual impairment and its implications. The service also provides children with meaningful experiences, building their self-confidence to enable them to participate fully in classroom activities which are organised predominantly for sighted children. Such children, equipped with self-management skills, can integrate into the ordinary classroom with ease and confidence.

4. Preparation of tactile materials and braille printing material

The integration of blind children into mainstream schools makes many additional demands on the classroom teacher, who has to adapt his/her teaching style. Similarly the teaching/learning materials need to be adapted to a kinaesthetically perceptible format. It was felt that teachers themselves would not have the time and, in some cases, the skills to adapt resource materials. Consequently, as an emergency measure, voluntary workers were recruited, working under the guidance of expert personnel. Later, materials were prepared by teachers undertaking their two-year professional training. The preparation of a training pack has been an on-going assignment for all teachers during their training and is an integral requirement in their course evaluation.

With the expansion of the programme, the National Council of the Blind could no longer cope with the preparation and printing of braille books for the schools' system. The Ministry of Education took on this responsibility, working with the Swedish Organisation of the Handicapped, International Aid Foundation (SHIA) to establish a Braille Press. Currently, this press is staffed by five personnel, including three technicians who are themselves blind and undertake braille typing and printing. This has proved to be a good solution to a crucial resources problem.

ORGANISATION

1. Legislation for service provision

When the programme began, legislation for service provision, under the Education Ordinance 1939, was confined to schools for the education of blind, deaf, defective or epileptic children. Integrated service provision therefore required legal sanction. Cabinet approval was given by Cabinet Paper 1969 for the following:

- "acceptance of the policy of integration of blind children into the normal schools"

- "to incur expenditure involved in its implementation".

2. Administrative provision

Education in Sri Lanka is predominantly state-controlled and state-financed. The special schools, however, are categorised as "assisted schools" for which the state provides salaries for "approved staff". The Ministry of Social Services allocates funds for the maintenance of residential facilities. The government has sole responsibility for integrated schooling, via the Ministry of Education which oversees the school system as a whole.

As the programme developed, the need for country-wide expansion of the education service became apparent and a Special Education Unit was established in 1971 to co-ordinate the activities of the new service delivery model. Its specific responsibilities are :

- administration of personnel ;
- supervision ;
- provision of support services ;
- enlistment of support from school administration.

The Administrative Unit at the Ministry provided the necessary leadership for detection programmes, school placement and monitoring implementation during the initial stages of the project.

Obtaining resources such as mechanical braille-writers, slate and stylus, abacuses, cubarythms, adapted mathematical instruments and other training equipment, has been the responsibility of the Ministry of Education. At the initial stage, UNICEF assistance was sufficient to bear the cost of materials and as the programme expanded, Government funding became available to meet recurrent costs.

ORGANISATIONAL STRUCTURE AND SPECIFIC RESPONSIBILITIES

CENTRAL MINISTRY LEVEL

- Selection of teachers for training and teacher training
- Placement of teachers after training
- Procurement and distribution of learning material
- Preparation of annual budget

PROVINCIAL LEVEL

- Placement of teachers
- Payment of allowances for teachers
- Supervision of programme
- Procurement of material
- In-service training of teachers

DIVISIONAL LEVEL

- Placement of children in integrated programme
- Sensitization of principals, teachers, the integrated programme
- Supervision of programme

SCHOOL LEVEL

- Development of a healthy climate for the acceptance of disabled children
- Provides an adequately equipped room for the peripatetic teacher
- Arranges meetings with parents
- Academic supervision for the teachers and peripatetic teacher

THE CURRENT PICTURE

1. Present status of the project

Over the two decades of the implementation of this strategy, the programme has expanded to all parts of the country and it touches all children in need of the service. The service network involves about 350 peripatetic teachers, 31 'master' teachers (one for each district), and 19 administrators. The entire administrative structure is decentralised, as it is for other programmes. This highlights the fact that the integration programme has become an integral part of the schools' system.

2. Lesson learnt

i) Personnel

It is essential that there should be adequate sensitization of all personnel concerned with or involved in education, whatever the speciality. The Sri Lankan experience very clearly indicates how important it is to anticipate potential problems and all possible outcomes, and to co-ordinate strategies at the very beginning of the operation. Since integrated programmes bring disability issues out into the open, raising awareness in the community, their impact on the reduction of incidence of the disability has been positive. Parental awareness of the need for early intervention has been the main reason for this trend and this in itself makes a case for this type of community-based rehabilitation.

The potential of the specialised services of the peripatetic teachers has not been maximised. This is owing to the small number of children in any one locality and the need to spend a considerable amount of time commuting between the schools where the children have been placed.

It might be possible to channel the peripatetic training and expertise into helping schools which require a teacher to meet a wide spectrum of special educational needs. Once the blind children have developed basic competencies, the class teacher can cope with their needs, making it prudent for the resource teacher to withdraw much of the direct help s/he gave initially. With time, his/her role is of diminishing importance, necessitating a review of his/her functions.

The initial teacher training should therefore not only focus on the methodology of teaching the blind but on teaching children with a range of visual impairments, as well as children with other common learning difficulties. This would equip teachers to become resource teachers for a variety of special needs in the classroom.

The successful operation of the integrated education programme rests on the collective effort of all the teachers in a particular school. This project's strategy was to sensitize the school personnel through a one-day workshop. The alternative strategy would be to include a comprehensive component on special education in all pre-service or in-service teacher training courses. This approach will have a long-term impact on the education system.

ii) Curriculum

A curriculum that is overly-biased towards academic pursuits has proved to be a stumbling block in the Sri Lankan context; the emphasis on a more vocational curriculum is negligible. The need for the provision of vocational guidance should be addressed early in any development such as this.

CONCLUSION

The strategy of habilitating the blind child in the community under the integrated programme in Sri Lanka has gained acceptance in both the schools' system and society in general. However, by no means all blind children are enrolled in school. Poverty and parental indifference have driven some blind children to begging on the streets. On the other hand, access to schools, either to the special schools or to mainstream schools via the integration programme, is available for all those in search of education.

The preparation for implementation of the integrated programme gave it sustainability, key factors being the mobilisation of parental and community support, as well as staff training and resources. It is a very satisfying experience for teachers to witness blind children participating fully in the classroom with their sighted peers, disproving the social myths and common fallacies associated with the condition of blindness.

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All above documents are official reports of the Ministry of Education, Sri Lanka.

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